

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Published 6/1/2019

Therapeutic Class	Drug Name & Strength	Effective Date
ANTI-INFECTIVE	ABELCET 100 MG/20 ML VIAL	4/1/2017
ONCOLOGY	ABRAXANE 100 MG VIAL	4/1/2017
IMMUNE DEFICIENCY	ACTIMMUNE 100 MCG/0.5 ML VI	4/1/2017
PULMONARY HYPERTENSION	ADEMPAS 0.5 MG TABLET	4/1/2017
PULMONARY HYPERTENSION	ADEMPAS 1 MG TABLET	4/1/2017
PULMONARY HYPERTENSION	ADEMPAS 1.5 MG TABLET	4/1/2017
PULMONARY HYPERTENSION	ADEMPAS 2 MG TABLET	4/1/2017
PULMONARY HYPERTENSION	ADEMPAS 2.5 MG TABLET	4/1/2017
ONCOLOGY	ADRUCIL 2,500 MG/50 ML VIAL	4/1/2017
ONCOLOGY	ADRUCIL 5 GRAM/100 ML VIAL	4/1/2017
ONCOLOGY	ADRUCIL 500 MG/10 ML VIAL	4/1/2017
ONCOLOGY - ORAL	AFINITOR 10 MG TABLET	4/1/2017
ONCOLOGY - ORAL	AFINITOR 2.5 MG TABLET	4/1/2017
ONCOLOGY - ORAL	AFINITOR 5 MG TABLET	4/1/2017
ONCOLOGY - ORAL	AFINITOR 7.5 MG TABLET	4/1/2017
ONCOLOGY - ORAL	AFINITOR DISPERZ 2 MG TABLET	4/1/2017
ONCOLOGY - ORAL	AFINITOR DISPERZ 3 MG TABLET	4/1/2017
ONCOLOGY - ORAL	AFINITOR DISPERZ 5 MG TABLET	4/1/2017
ONCOLOGY - ORAL	ALECENSA 150 MG CAPSULE	4/1/2017
ONCOLOGY	ALIMTA 100 MG VIAL	4/1/2017
ONCOLOGY	ALIMTA 500 MG VIAL	4/1/2017
ONCOLOGY	ALIQOPA 60 MG (BASE EQUIVALENT)	11/1/2017
ONCOLOGY - ORAL	ALKERAN 2 MG TABLET	4/1/2017
ONCOLOGY - ORAL	ALUNBRIG 180 MG TABLET	3/1/2018
ONCOLOGY - ORAL	ALUNBRIG 30 MG TABLET	4/1/2017
ONCOLOGY - ORAL	ALUNBRIG 90 MG TABLET	3/1/2018
ONCOLOGY - ORAL	ALUNBRIG 90 MG-180 MG TAB PACK	3/1/2018
ANTI-INFECTIVE	AMBISOME 50 MG VIAL	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	AMIFOSTINE 500 MG VIAL	4/1/2017
ENZYME DEFICIENCY	AMMONUL 10%-10% VIAL	4/1/2017
ANTI-INFECTIVE	ANCOBON 250 MG CAPSULE	4/1/2017
ANTI-INFECTIVE	ANCOBON 500 MG CAPSULE	4/1/2017
OTHER SPECIALTY CONDITION	APOKYN 30 MG/3 ML CARTRIDGE	4/1/2017
PULMONARY	ARALAST NP 500 MG VIAL	4/1/2017
OTHER SPECIALTY CONDITION	ARCALYST 220 MG INJECTION	4/1/2017
PULMONARY	ARIKAYCE 590 MG/8.4 ML VIAL	2/1/2019
ONCOLOGY	ARRANON 250 MG/50 ML VIAL	4/1/2017
ONCOLOGY	ARSENIC TRIOXIDE 10 MG/10ML VL	2/1/2019
OTHER SPECIALTY CONDITION	AUSTEDO 12 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	AUSTEDO 6 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	AUSTEDO 9 MG TABLET	4/1/2017
ONCOLOGY	AVASTIN 100 MG/4 ML VIAL	4/1/2017
ANTI-INFECTIVE	AVYCAZ 2.5 GRAM VIAL	4/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
ONCOLOGY	AZACITIDINE 100 MG VIAL	4/1/2017
ONCOLOGY - ORAL	BALVERSA 3 MG TABLET	6/1/2019
ONCOLOGY - ORAL	BALVERSA 4 MG TABLET	6/1/2019
ONCOLOGY - ORAL	BALVERSA 5 MG TABLET	6/1/2019
ONCOLOGY	BAVENCIO 200 MG/10 ML VIAL	4/1/2017
ONCOLOGY	BELEODAQ 500 MG VIAL	4/1/2017
ONCOLOGY	BENDEKA 100 MG/4 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	BENLYSTA 200 MG/ML AUTOINJECT	10/1/2017
OTHER SPECIALTY CONDITION	BENLYSTA 200 MG/ML SYRINGE	10/1/2017
HEREDITARY ANGIOEDEMA	BERINERT 500 UNIT KIT	4/1/2017
ONCOLOGY	BESPONSA 0.9 MG VIAL	10/1/2017
PULMONARY	BETHKIS 300 MG/4 ML AMPULE	4/1/2017
ONCOLOGY	BICNU 100 MG VIAL	4/1/2017
IMMUNE DEFICIENCY	BIVIGAM LIQUID 10% VIAL	4/1/2017
ONCOLOGY	BORTEZOMIB 3.5 MG VIAL	3/1/2018
ONCOLOGY - ORAL	BOSULIF 100 MG TABLET	4/1/2017
ONCOLOGY - ORAL	BOSULIF 400 MG TABLET	2/1/2018
ONCOLOGY - ORAL	BOSULIF 500 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	BUPHENYL 500 MG TABLET	4/1/2017
ONCOLOGY	BUSULFEX 60 MG/10 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	CABLIVI 11 MG KIT	5/1/2019
ONCOLOGY - ORAL	CABOMETYX 20 MG TABLET	4/1/2017
ONCOLOGY - ORAL	CABOMETYX 40 MG TABLET	4/1/2017
ONCOLOGY - ORAL	CABOMETYX 60 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	CALCITRIOL 1 MCG/ML AMPUL	4/1/2017
ONCOLOGY - ORAL	CALQUENCE 100 MG CAPSULE	1/1/2018
ONCOLOGY	CAMPTOSAR 100 MG/5 ML VIAL	4/1/2017
ONCOLOGY	CAMPTOSAR 300 MG/15 ML VIAL	4/1/2017
ONCOLOGY	CAMPTOSAR 40 MG/2 ML VIAL	4/1/2017
ONCOLOGY - ORAL	CAPRELSA 100 MG TABLET	4/1/2017
ONCOLOGY - ORAL	CAPRELSA 300 MG TABLET	4/1/2017
ENZYME DEFICIENCY	CARBAGLU 200 MG DISPER TABL	4/1/2017
ONCOLOGY	CARBOPLATIN 600 MG/60 ML VI	4/1/2017
IMMUNE DEFICIENCY	CARIMUNE NF 12 GM VIAL	4/1/2017
IMMUNE DEFICIENCY	CARIMUNE NF 6 GM VIAL	4/1/2017
PULMONARY	CAYSTON 75 MG INHAL SOLUTIO	4/1/2017
OTHER SPECIALTY CONDITION	CEPROTIN 400-600 UNITS VIAL	4/1/2017
OTHER SPECIALTY CONDITION	CEPROTIN 800-1,200 UNITS VI	4/1/2017
ENZYME DEFICIENCY	CERDELGA 84 MG CAPSULE	4/1/2017
ENZYME DEFICIENCY	CEREZYME 400 UNITS VIAL	4/1/2017
OTHER SPECIALTY CONDITION	CHENODAL 250 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	CHOLBAM 250 MG CAPSULE	4/1/2017
OTHER SPECIALTY CONDITION	CHOLBAM 50 MG CAPSULE	4/1/2017
HEREDITARY ANGIOEDEMA	CINRYZE 500 UNIT VIAL	4/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
ONCOLOGY	CISPLATIN 50 MG/50 ML VIAL	4/1/2017
ONCOLOGY	CLADRIBINE 10 MG/10 ML VIAL	4/1/2017
ONCOLOGY	CLOLAR 20 MG/20 ML VIAL	4/1/2017
ONCOLOGY - ORAL	COMETRIQ 100 MG DAILY-DOSE	4/1/2017
ONCOLOGY - ORAL	COMETRIQ 140 MG DAILY-DOSE	4/1/2017
ONCOLOGY - ORAL	COMETRIQ 60 MG DAILY-DOSE P	4/1/2017
ONCOLOGY - ORAL	COPIKTRA 15 MG CAPSULE	1/1/2019
ONCOLOGY - ORAL	COPIKTRA 25 MG CAPSULE	1/1/2019
ONCOLOGY	COSMEGEN 0.5 MG VIAL	4/1/2017
ONCOLOGY - ORAL	COTELLIC 20 MG TABLET	4/1/2017
ANTI-INFECTIVE	CRESEMBA 372 MG VIAL	4/1/2017
OTHER SPECIALTY CONDITION	CRYSVITA 10 MG/ML VIAL	7/1/2018
OTHER SPECIALTY CONDITION	CRYSVITA 20 MG/ML VIAL	7/1/2018
OTHER SPECIALTY CONDITION	CRYSVITA 30 MG/ML VIAL	7/1/2018
IMMUNE DEFICIENCY	CUVITRU 1 GRAM/5 ML VIAL	4/1/2017
IMMUNE DEFICIENCY	CUVITRU 2 GRAM/10 ML VIAL	4/1/2017
IMMUNE DEFICIENCY	CUVITRU 4 GRAM/20 ML VIAL	4/1/2017
IMMUNE DEFICIENCY	CUVITRU 8 GRAM/ 40 ML VIAL	4/1/2017
ONCOLOGY	CYCLOPHOSPHAMIDE 1 GM VIAL	4/1/2017
ONCOLOGY	CYCLOPHOSPHAMIDE 2 GM VIAL	4/1/2017
ONCOLOGY	CYCLOPHOSPHAMIDE 500 MG VIA	4/1/2017
ONCOLOGY	CYRAMZA 100 MG/10 ML VIAL	4/1/2017
ONCOLOGY	CYRAMZA 500 MG/50 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	CYSTAGON 150 MG CAPSULE	4/1/2017
OTHER SPECIALTY CONDITION	CYSTAGON 50 MG CAPSULE	4/1/2017
ONCOLOGY	CYTARABINE 100 MG/5 ML VIAL	4/1/2017
ONCOLOGY	CYTARABINE 2 G/20 ML VIAL	4/1/2017
ONCOLOGY	CYTARABINE 20 MG/ML VIAL	4/1/2017
ONCOLOGY	CYTARABINE 20 MG/ML VIAL	4/1/2017
IMMUNE DEFICIENCY	CYTOGAM 2.5 GM/50 ML VIAL	4/1/2017
ONCOLOGY	DACARBAZINE 100 MG VIAL	4/1/2017
ONCOLOGY	DACARBAZINE 200 MG VIAL	4/1/2017
ANTI-INFECTIVE	DALVANCE 500 MG VIAL	4/1/2017
ANTI-INFECTIVE	DAPTOMYCIN 500 MG VIAL	4/1/2017
ONCOLOGY	DARZALEX 100 MG/5 ML VIAL	4/1/2017
ONCOLOGY	DARZALEX 400 MG/20 ML VIAL	4/1/2017
ONCOLOGY	DAUNORUBICIN 20 MG VIAL	4/1/2017
ONCOLOGY - ORAL	DAURISMO 100 MG TABLET	3/1/2019
ONCOLOGY - ORAL	DAURISMO 25 MG TABLET	3/1/2019
ONCOLOGY	DECITABINE 50 MG VIAL	4/1/2017
OTHER SPECIALTY CONDITION	DESFERAL 2 GRAM VIAL	4/1/2017
OTHER SPECIALTY CONDITION	DESFERAL MESYLATE 500 MG VL	4/1/2017
OTHER SPECIALTY CONDITION	DILUENT FOR FLOLAN VIAL	4/1/2017
ONCOLOGY	DOCEFREZ 20 MG VIAL	4/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
ONCOLOGY	DOCEFREZ 80 MG VIAL	4/1/2017
ONCOLOGY	DOCETAXEL 160 MG/16 ML VIAL	4/1/2017
ONCOLOGY	DOCETAXEL 160 MG/8 ML VIAL	4/1/2017
ONCOLOGY	DOCETAXEL 20 MG/2 ML VIAL	4/1/2017
ONCOLOGY	DOCETAXEL 200 MG/10 ML VIAL	4/1/2017
ONCOLOGY	DOCETAXEL 80 MG/8 ML VIAL	4/1/2017
ONCOLOGY	DOXORUBICIN 10 MG VIAL	4/1/2017
ONCOLOGY	DOXORUBICIN 10 MG/5 ML VIAL	4/1/2017
ONCOLOGY	DOXORUBICIN 150 MG/75 ML VI	4/1/2017
ONCOLOGY	DOXORUBICIN 20 MG/10 ML VIA	4/1/2017
ONCOLOGY	DOXORUBICIN 50 MG VIAL	4/1/2017
ONCOLOGY	DOXORUBICIN 50 MG/25 ML VIA	4/1/2017
ONCOLOGY	DOXORUBICIN LIPOSOME 20MG/1	4/1/2017
OTHER SPECIALTY CONDITION	DUOPA 4.63 MG-20 MG/ML SUSP	4/1/2017
OTHER SPECIALTY CONDITION	DUPIXENT 200 MG/1.14 ML SYRING	2/1/2019
OTHER SPECIALTY CONDITION	DUPIXENT 300 MG/2 ML SAFE SYRG	4/1/2017
OTHER SPECIALTY CONDITION	EGRIFTA 1 MG VIAL	4/1/2017
ENZYME DEFICIENCY	ELELYSO 200 UNITS VIAL	4/1/2017
ONCOLOGY	ELIGARD 22.5 MG SYRINGE KIT	4/1/2017
ONCOLOGY	ELIGARD 30 MG SYRINGE KIT	4/1/2017
ONCOLOGY	ELIGARD 45 MG SYRINGE KIT	4/1/2017
ONCOLOGY	ELIGARD 7.5 MG SYRINGE KIT	4/1/2017
ONCOLOGY	ELLENC 2 MG/ML VIAL	4/1/2017
ONCOLOGY	ELLENC 2 MG/ML VIAL	4/1/2017
ONCOLOGY	ELZONRIS 1,000 MCG/ML VIAL	6/1/2019
ONCOLOGY - ORAL	EMCYT 140 MG CAPSULE	4/1/2017
OTHER SPECIALTY CONDITION	EMFLAZA 18 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	EMFLAZA 22.75 MG/ML ORAL SUSP	4/1/2017
OTHER SPECIALTY CONDITION	EMFLAZA 30 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	EMFLAZA 36 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	EMFLAZA 6 MG TABLET	4/1/2017
ONCOLOGY	EMPLICITI 300 MG VIAL	4/1/2017
ONCOLOGY	EMPLICITI 400 MG VIAL	4/1/2017
OTHER SPECIALTY CONDITION	ENDARI 5 GRAM POWDER PACKET	4/1/2018
ONCOLOGY	EPIRUBICIN HCL 200 MG VIAL	4/1/2017
ONCOLOGY	ERBITUX 100 MG/50 ML VIAL	4/1/2017
ONCOLOGY	ERBITUX 200 MG/100 ML VIAL	4/1/2017
ONCOLOGY - ORAL	ERIVEDGE 150 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	ERLEADA 60 MG TABLET	4/1/2018
ONCOLOGY	ERWINAZE 10,000 UNITS VIAL	4/1/2017
PULMONARY	ESBRIET 267 MG CAPSULE	4/1/2017
PULMONARY	ESBRIET 267 MG TABLET	4/1/2017
PULMONARY	ESBRIET 801 MG TABLET	4/1/2017
ONCOLOGY	ETOPOPHOS 100 MG VIAL	4/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
ONCOLOGY - ORAL	ETOPOSIDE 50 MG CAPSULE	4/1/2017
ONCOLOGY	EVOMELA 50 MG VIAL	4/1/2017
OTHER SPECIALTY CONDITION	EXJADE 125 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	EXJADE 250 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	EXJADE 500 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	EXONDYS 51 100 MG/2 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	EXONDYS 51 500 MG/10 ML VIA	4/1/2017
ENZYME DEFICIENCY	FABRAZYME 35 MG VIAL	4/1/2017
ENZYME DEFICIENCY	FABRAZYME 5 MG VIAL	4/1/2017
ONCOLOGY - ORAL	FARYDAK 10 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	FARYDAK 15 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	FARYDAK 20 MG CAPSULE	4/1/2017
ONCOLOGY	FASLODEX 250 MG/5 ML SYRING	4/1/2017
OTHER SPECIALTY CONDITION	FERRIPROX 100 MG/ML SOLUTIO	4/1/2017
OTHER SPECIALTY CONDITION	FERRIPROX 500 MG TABLET	4/1/2017
HEREDITARY ANGIOEDEMA	FIRAZYR 30 MG/3 ML SYRINGE	4/1/2017
ONCOLOGY	FIRMAGON 2 X 120 MG KIT	4/1/2017
ONCOLOGY	FIRMAGON 80 MG KIT	4/1/2017
IMMUNE DEFICIENCY	FLEBOGAMMA DIF 10% VIAL	4/1/2017
IMMUNE DEFICIENCY	FLEBOGAMMA DIF 5% VIAL	4/1/2017
PULMONARY HYPERTENSION	FLOLAN 0.5 MG VIAL	4/1/2017
PULMONARY HYPERTENSION	FLOLAN 1.5 MG VIAL	4/1/2017
ONCOLOGY	FLUDARABINE 50 MG VIAL	4/1/2017
ONCOLOGY	FLUDARABINE 50 MG/2 ML VIAL	4/1/2017
ONCOLOGY	FLUOROURACIL 1,000 MG/20 ML	4/1/2017
ONCOLOGY	FOLOTYN 20 MG/ML VIAL	4/1/2017
ONCOLOGY	FOLOTYN 40 MG/2 ML VIAL	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	FUSILEV I.V. 50 MG VIAL	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 10,000 MCG/20 ML S	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 10,000 MCG/20 ML V	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 20,000 MCG/20 ML S	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 20,000 MCG/20 ML V	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 40,000 MCG/20 ML S	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 40,000 MCG/20 ML V	4/1/2017
ENZYME DEFICIENCY	GALAFOLD 123 MG CAPSULE	10/1/2018
IMMUNE DEFICIENCY	GAMMAGARD LIQUID 10% VIAL	4/1/2017
IMMUNE DEFICIENCY	GAMMAGARD S-D 10 G (IGA<1)	4/1/2017
IMMUNE DEFICIENCY	GAMMAGARD S-D 5 G (IGA<1) S	4/1/2017
IMMUNE DEFICIENCY	GAMMAPLEX 5 GRAM/50 ML VIAL	4/1/2017
IMMUNE DEFICIENCY	GAMMAPLEX 5% VIAL	4/1/2017
IMMUNE DEFICIENCY	GAMUNEX-C 1 GRAM/10 ML VIAL	4/1/2017
IMMUNE DEFICIENCY	GAMUNEX-C 10 GRAM/100 ML VI	4/1/2017
IMMUNE DEFICIENCY	GAMUNEX-C 2.5 GRAM/25 ML VI	4/1/2017
IMMUNE DEFICIENCY	GAMUNEX-C 20 GRAM/200 ML VI	4/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
IMMUNE DEFICIENCY	GAMUNEX-C 40 GRAM/400 ML VI	4/1/2017
IMMUNE DEFICIENCY	GAMUNEX-C 5 GRAM/50 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	GATTEX 5 MG 30-VIAL KIT	4/1/2017
ONCOLOGY	GEMCITABINE 1 GRAM/26.3 ML	4/1/2017
ONCOLOGY	GEMCITABINE 2 GRAM/52.6 ML	4/1/2017
ONCOLOGY	GEMCITABINE 200 MG/5.26 ML	4/1/2017
ONCOLOGY	GEMCITABINE HCL 2 GRAM VIAL	4/1/2017
ONCOLOGY	GEMCITABINE HCL 200 MG/2 ML VL	3/1/2018
ONCOLOGY	GEMZAR 1 GRAM VIAL	4/1/2017
ONCOLOGY	GEMZAR 200 MG VIAL	4/1/2017
ONCOLOGY - ORAL	GILOTRIF 20 MG TABLET	4/1/2017
ONCOLOGY - ORAL	GILOTRIF 30 MG TABLET	4/1/2017
ONCOLOGY - ORAL	GILOTRIF 40 MG TABLET	4/1/2017
PULMONARY	GLASSIA 1 GM/50 ML VIAL	4/1/2017
HEREDITARY ANGIOEDEMA	HAEGARDA 2,000 UNIT VIAL	10/1/2017
HEREDITARY ANGIOEDEMA	HAEGARDA 3,000 UNIT VIAL	10/1/2017
ONCOLOGY	HALAVEN 1 MG/2 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	HEMLIBRA 105 MG/0.7 VIAL	11/16/2017
OTHER SPECIALTY CONDITION	HEMLIBRA 150 MG/ML VIAL	11/16/2017
OTHER SPECIALTY CONDITION	HEMLIBRA 30 MG/ML VIAL	11/16/2017
OTHER SPECIALTY CONDITION	HEMLIBRA 60MG/0.4ML VIAL	11/16/2017
ONCOLOGY	HERCEPTIN 150 MG VIAL	4/1/2017
ONCOLOGY	HERCEPTIN 440 MG VIAL	4/1/2017
ONCOLOGY	HERCEPTIN HYLECTA 600MG-10,000	6/1/2019
OTHER SPECIALTY CONDITION	HETLIOZ 20 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	HEXALEN 50 MG CAPSULE	4/1/2017
IMMUNE DEFICIENCY	HIZENTRA 1 GRAM/5 ML VIAL	4/1/2017
IMMUNE DEFICIENCY	HIZENTRA 10 GRAM/50 ML VIAL	4/1/2017
IMMUNE DEFICIENCY	HIZENTRA 2 GRAM/10 ML VIAL	4/1/2017
IMMUNE DEFICIENCY	HIZENTRA 4 GRAM/20 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	HP ACTHAR GEL 80 UNIT/ML VI	4/1/2017
ONCOLOGY - ORAL	HYCAMTIN 0.25 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	HYCAMTIN 1 MG CAPSULE	4/1/2017
ONCOLOGY	HYCAMTIN 4 MG VIAL	4/1/2017
IMMUNE DEFICIENCY	HYQVIA 10 GM-800 UNIT PACK	4/1/2017
IMMUNE DEFICIENCY	HYQVIA 2.5 GM-200 UNIT PACK	4/1/2017
IMMUNE DEFICIENCY	HYQVIA 20 GM-1,600 UNIT PAC	4/1/2017
IMMUNE DEFICIENCY	HYQVIA 30 GM-2,400 UNIT PAC	4/1/2017
IMMUNE DEFICIENCY	HYQVIA 5 GM-400 UNIT PACK	4/1/2017
ONCOLOGY - ORAL	IBRANCE 100 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	IBRANCE 125 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	IBRANCE 75 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	ICLUSIG 15 MG TABLET	4/1/2017
ONCOLOGY - ORAL	ICLUSIG 45 MG TABLET	4/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
ONCOLOGY - ORAL	IDHIFA 100 MG TABLET	10/1/2017
ONCOLOGY - ORAL	IDHIFA 50 MG TABLET	10/1/2017
ONCOLOGY	IFEX 1 GM VIAL	4/1/2017
ONCOLOGY	IFEX 3 GM VIAL	4/1/2017
ONCOLOGY	IFOSFAMIDE 1 GM/20 ML VIAL	4/1/2017
ONCOLOGY	IFOSFAMIDE 3 GM/ 60 ML VIAL	4/1/2017
ONCOLOGY	IFOSFAMIDE-MESNA KIT	4/1/2017
ONCOLOGY	IFOSFAMIDE-MESNA KIT	4/1/2017
ONCOLOGY - ORAL	IMBRUVICA 140 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	IMBRUVICA 140 MG TABLET	5/1/2018
ONCOLOGY - ORAL	IMBRUVICA 280 MG TABLET	5/1/2018
ONCOLOGY - ORAL	IMBRUVICA 420 MG TABLET	5/1/2018
ONCOLOGY - ORAL	IMBRUVICA 560 MG TABLET	5/1/2018
ONCOLOGY - ORAL	IMBRUVICA 70 MG CAPSULE	5/1/2018
ONCOLOGY	IMFINZI 120 MG/2.4 ML VIAL	4/1/2017
ONCOLOGY	IMFINZI 500 MG/10 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	INCRELEX 40 MG/4 ML VIAL	4/1/2017
ONCOLOGY	INFUGEM 1,200 MG/120 ML BAG	5/1/2019
ONCOLOGY	INFUGEM 1,300 MG/130 ML BAG	5/1/2019
ONCOLOGY	INFUGEM 1,400 MG/140 ML BAG	5/1/2019
ONCOLOGY	INFUGEM 1,500 MG/150 ML BAG	5/1/2019
ONCOLOGY	INFUGEM 1,600 MG/160 ML BAG	5/1/2019
ONCOLOGY	INFUGEM 1,700 MG/170 ML BAG	5/1/2019
ONCOLOGY	INFUGEM 1,800 MG/180 ML BAG	5/1/2019
ONCOLOGY	INFUGEM 1,900 MG/190 ML BAG	6/1/2019
ONCOLOGY	INFUGEM 2,000 MG/200 ML BAG	5/1/2019
ONCOLOGY	INFUGEM 2,200 MG/220 ML BAG	5/1/2019
OTHER SPECIALTY CONDITION	INGREZZA 40 MG CAPSULE	4/1/2017
OTHER SPECIALTY CONDITION	INGREZZA 80 MG CAPSULE	12/1/2017
ONCOLOGY - ORAL	INLYTA 1 MG TABLET	4/1/2017
ONCOLOGY - ORAL	INLYTA 5 MG TABLET	4/1/2017
ONCOLOGY - ORAL	IRESSA 250 MG TABLET	4/1/2017
ONCOLOGY	IRINOTECAN HCL 500 MG/25 ML	4/1/2017
ONCOLOGY	ISTODAX 10 MG KIT	4/1/2017
ONCOLOGY	IXEMPRA 15 MG KIT	4/1/2017
ONCOLOGY	IXEMPRA 45 MG KIT	4/1/2017
OTHER SPECIALTY CONDITION	JADENU 180 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	JADENU 360 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	JADENU 90 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	JADENU SPRINKLE 180 MG GRANULE	10/1/2017
OTHER SPECIALTY CONDITION	JADENU SPRINKLE 360 MG GRANULE	10/1/2017
OTHER SPECIALTY CONDITION	JADENU SPRINKLE 90 MG GRANULE	10/1/2017
ONCOLOGY - ORAL	JAKAFI 10 MG TABLET	4/1/2017
ONCOLOGY - ORAL	JAKAFI 15 MG TABLET	4/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
ONCOLOGY - ORAL	JAKAFI 20 MG TABLET	4/1/2017
ONCOLOGY - ORAL	JAKAFI 25 MG TABLET	4/1/2017
ONCOLOGY - ORAL	JAKAFI 5 MG TABLET	4/1/2017
ONCOLOGY	JEVTANA 60 MG/1.5 ML KIT	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 10 MG CAPSULE	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 20 MG CAPSULE	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 30 MG CAPSULE	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 40 MG CAPSULE	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 5 MG CAPSULE	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 60 MG CAPSULE	4/1/2017
OTHER SPECIALTY CONDITION	JYNARQUE 45 MG-15 MG TABLET	7/1/2018
OTHER SPECIALTY CONDITION	JYNARQUE 60 MG-30 MG TABLET	7/1/2018
OTHER SPECIALTY CONDITION	JYNARQUE 90 MG-30 MG TABLET	7/1/2018
HEREDITARY ANGIOEDEMA	KALBITOR 10 MG/ML VIAL	4/1/2017
PULMONARY	KALYDECO 150 MG TABLET	4/1/2017
PULMONARY	KALYDECO 50 MG GRANULES PAC	4/1/2017
PULMONARY	KALYDECO 75 MG GRANULES PAC	4/1/2017
ENZYME DEFICIENCY	KANUMA 20 MG/10 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	KEVEYIS 50 MG TABLET	4/1/2017
ONCOLOGY	KEYTRUDA 100 MG/4 ML VIAL	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	KHAPZORY 175 MG VIAL	3/1/2019
ONCOLOGY - ADJUNCT THERAPY	KHAPZORY 300 MG VIAL	3/1/2019
ONCOLOGY - ORAL	KISQALI 200 MG DAILY DOSE	4/1/2017
ONCOLOGY - ORAL	KISQALI 400 MG DAILY DOSE	4/1/2017
ONCOLOGY - ORAL	KISQALI 600 MG DAILY DOSE	4/1/2017
ONCOLOGY - ORAL	KISQALI FEMARA 200 MG CO-PACK	4/1/2017
ONCOLOGY - ORAL	KISQALI FEMARA 400 MG CO-PACK	4/1/2017
ONCOLOGY - ORAL	KISQALI FEMARA 600 MG CO-PACK	4/1/2017
PULMONARY	KITABIS PAK 300 MG/5 ML	4/1/2017
OTHER SPECIALTY CONDITION	KORLYM 300 MG TABLET	4/1/2017
ENZYME DEFICIENCY	KUVAN 100 MG POWDER PACKET	4/1/2017
ENZYME DEFICIENCY	KUVAN 100 MG TABLET	4/1/2017
ENZYME DEFICIENCY	KUVAN 500 MG POWDER PACKET	4/1/2017
ONCOLOGY	KYPROLIS 10 MG VIAL	10/1/2018
ONCOLOGY	KYPROLIS 30 MG VIAL	4/1/2017
ONCOLOGY	KYPROLIS 60 MG VIAL	4/1/2017
ONCOLOGY	LARTRUVO 190 MG/19 ML VIAL	4/1/2017
ONCOLOGY	LARTRUVO 500 MG/50 ML VIAL	4/1/2017
ONCOLOGY - ORAL	LENVIMA 10 MG DAILY DOSE	4/1/2017
ONCOLOGY - ORAL	LENVIMA 12 MG DAILY DOSE	10/1/2018
ONCOLOGY - ORAL	LENVIMA 14 MG DAILY DOSE	4/1/2017
ONCOLOGY - ORAL	LENVIMA 18 MG DAILY DOSE	4/1/2017
ONCOLOGY - ORAL	LENVIMA 20 MG DAILY DOSE	4/1/2017
ONCOLOGY - ORAL	LENVIMA 24 MG DAILY DOSE	4/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
ONCOLOGY - ORAL	LENVIMA 4 MG CAPSULE	10/1/2018
ONCOLOGY - ORAL	LENVIMA 8 MG DAILY DOSE	4/1/2017
PULMONARY HYPERTENSION	LETAIRIS 10 MG TABLET	4/1/2017
PULMONARY HYPERTENSION	LETAIRIS 5 MG TABLET	4/1/2017
BLOOD CELL DEFICIENCY	LEUKINE 250 MCG VIAL	4/1/2017
ONCOLOGY	LEUPROLIDE 2WK 14 MG/2.8 ML	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	LEVOLEUCOVORIN 175 MG VIAL	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	LEVOLEUCOVORIN 175 MG/17.5	4/1/2017
ONCOLOGY	LIBTAYO 350 MG/7 ML VIAL	2/1/2019
OTHER SPECIALTY CONDITION	LIORESAL IT 10 MG/20 ML KIT	4/1/2017
OTHER SPECIALTY CONDITION	LIORESAL IT 10 MG/5 ML KIT	4/1/2017
ONCOLOGY - ORAL	LONSURF 15 MG-6.14 MG TABLET	4/1/2017
ONCOLOGY - ORAL	LONSURF 20 MG-8.19 MG TABLET	4/1/2017
ONCOLOGY - ORAL	LORBRENA 100 MG TABLET	1/1/2019
ONCOLOGY - ORAL	LORBRENA 25 MG TABLET	1/1/2019
ENZYME DEFICIENCY	LUMIZYME 50 MG VIAL	4/1/2017
ONCOLOGY	LUMOXITI 1 MG VIAL	2/1/2019
OTHER SPECIALTY CONDITION	LUPANETA PK 11.25-5 MG 3MO	4/1/2017
OTHER SPECIALTY CONDITION	LUPANETA PK 3.75-5 MG 1MO K	4/1/2017
OTHER SPECIALTY CONDITION	LUPRON DEPOT-PED 11.25 MG 3	4/1/2017
OTHER SPECIALTY CONDITION	LUPRON DEPOT-PED 11.25 MG K	4/1/2017
OTHER SPECIALTY CONDITION	LUPRON DEPOT-PED 15 MG KIT	4/1/2017
OTHER SPECIALTY CONDITION	LUPRON DEPOT-PED 30 MG 3MO	4/1/2017
OTHER SPECIALTY CONDITION	LUPRON DEPOT-PED 7.5 MG KIT	4/1/2017
ONCOLOGY - ORAL	LYNPARZA 100 MG TABLET	10/1/2017
ONCOLOGY - ORAL	LYNPARZA 150 MG TABLET	10/1/2017
ONCOLOGY - ORAL	LYNPARZA 50 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	LYSODREN 500 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	MAKENA 1,250 MG/5 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	MAKENA 250 MG/ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	MAKENA 275 MG/1.1 ML AUTOINJECT	5/1/2018
ONCOLOGY	MARQIBO KIT	4/1/2017
ONCOLOGY - ORAL	MATULANE 50 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	MEKINIST 0.5 MG TABLET	4/1/2017
ONCOLOGY - ORAL	MEKINIST 2 MG TABLET	4/1/2017
ONCOLOGY	MELPHALAN HCL 50 MG VIAL	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	MESNEX 1 GRAM/10 ML VIAL	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	MESNEX 400 MG TABLET	4/1/2017
ONCOLOGY	MITOMYCIN 20 MG VIAL	4/1/2017
ONCOLOGY	MITOMYCIN 40 MG VIAL	4/1/2017
ONCOLOGY	MITOMYCIN 5 MG VIAL	4/1/2017
ONCOLOGY	MITOXANTRONE 25 MG/12.5 ML	4/1/2017
BLOOD CELL DEFICIENCY	MULPLETA 3 MG TABLET	10/1/2018
ENDOCRINE DISORDER	MYALEPT 11.3 MG (5 MG/ML) VIAL	7/1/2018

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
ONCOLOGY - ORAL	MYLERAN 2 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	NATPARA 100 MCG DOSE CARTRI	4/1/2017
OTHER SPECIALTY CONDITION	NATPARA 25 MCG DOSE CARTRID	4/1/2017
OTHER SPECIALTY CONDITION	NATPARA 50 MCG DOSE CARTRID	4/1/2017
OTHER SPECIALTY CONDITION	NATPARA 75 MCG DOSE CARTRID	4/1/2017
ONCOLOGY - ORAL	NERLYNX 40 MG TABLET	2/1/2018
ONCOLOGY - ORAL	NEXAVAR 200 MG TABLET	4/1/2017
ONCOLOGY - ORAL	NILANDRON 150 MG TABLET	4/1/2017
ONCOLOGY - ORAL	NINLARO 2.3 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	NINLARO 3 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	NINLARO 4 MG CAPSULE	4/1/2017
ONCOLOGY	NIPENT 10 MG VIAL	4/1/2017
ENZYME DEFICIENCY	NITYR 10 MG TABLET	10/1/2017
ENZYME DEFICIENCY	NITYR 2 MG TABLET	10/1/2017
ENZYME DEFICIENCY	NITYR 5 MG TABLET	10/1/2017
OTHER SPECIALTY CONDITION	NORTHERA 100 MG CAPSULE	4/1/2017
OTHER SPECIALTY CONDITION	NORTHERA 200 MG CAPSULE	4/1/2017
OTHER SPECIALTY CONDITION	NORTHERA 300 MG CAPSULE	4/1/2017
BLOOD CELL DEFICIENCY	NPLATE 250 MCG VIAL	4/1/2017
BLOOD CELL DEFICIENCY	NPLATE 500 MCG VIAL	4/1/2017
OTHER SPECIALTY CONDITION	NYMALIZE 60 MG/20 ML SOLUTI	4/1/2017
OTHER SPECIALTY CONDITION	NYMALIZE 60 MG/20 ML SOLUTI	4/1/2017
OTHER SPECIALTY CONDITION	NYMALIZE 60 MG/20 ML SOLUTION	11/1/2017
OTHER SPECIALTY CONDITION	OCALIVA 10 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	OCALIVA 5 MG TABLET	4/1/2017
IMMUNE DEFICIENCY	OCTAGAM 10% VIAL	4/1/2017
IMMUNE DEFICIENCY	OCTAGAM 5% VIAL	4/1/2017
ONCOLOGY - ORAL	ODOMZO 200 MG CAPSULE	4/1/2017
PULMONARY	OFEV 100 MG CAPSULE	4/1/2017
PULMONARY	OFEV 150 MG CAPSULE	4/1/2017
ONCOLOGY	ONCASPAR 3,750 UNIT/5 ML VI	4/1/2017
ONCOLOGY	ONIVYDE 43 MG/10 ML VIAL	4/1/2017
ONCOLOGY	OPDIVO 100 MG/10 ML VIAL	4/1/2017
ONCOLOGY	OPDIVO 240 MG/24 ML VIAL	3/1/2018
ONCOLOGY	OPDIVO 40 MG/4 ML VIAL	4/1/2017
PULMONARY HYPERTENSION	OPSUMIT 10 MG TABLET	4/1/2017
ANTI-INFECTIVE	ORBACTIV 400 MG VIAL	4/1/2017
PULMONARY HYPERTENSION	ORENITRAM ER 0.125 MG TABLET	4/1/2017
PULMONARY HYPERTENSION	ORENITRAM ER 0.25 MG TABLET	4/1/2017
PULMONARY HYPERTENSION	ORENITRAM ER 1 MG TABLET	4/1/2017
PULMONARY HYPERTENSION	ORENITRAM ER 2.5 MG TABLET	4/1/2017
PULMONARY HYPERTENSION	ORENITRAM ER 5 MG TABLET	10/1/2017
ENZYME DEFICIENCY	ORFADIN 10 MG CAPSULE	4/1/2017
ENZYME DEFICIENCY	ORFADIN 2 MG CAPSULE	4/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
ENZYME DEFICIENCY	ORFADIN 20 MG CAPSULE	4/1/2017
ENZYME DEFICIENCY	ORFADIN 4 MG/ML SUSPENSION	4/1/2017
ENZYME DEFICIENCY	ORFADIN 5 MG CAPSULE	4/1/2017
PULMONARY	ORKAMBI 100 MG-125 MG TABLE	4/1/2017
PULMONARY	ORKAMBI 100-125 MG GRANULE PKT	10/1/2018
PULMONARY	ORKAMBI 150-188 MG GRANULE PKT	10/1/2018
PULMONARY	ORKAMBI 200 MG-125 MG TABLE	4/1/2017
ONCOLOGY	OXALIPLATIN 100 MG VIAL	4/1/2017
ONCOLOGY	OXALIPLATIN 100 MG/20 ML VI	4/1/2017
ONCOLOGY	OXALIPLATIN 50 MG VIAL	4/1/2017
ONCOLOGY	OXALIPLATIN 50 MG/10 ML VIA	4/1/2017
ONCOLOGY	PACLITAXEL 30 MG/5 ML VIAL	4/1/2017
ENZYME DEFICIENCY	PALYNZIQ 10 MG/0.5 ML SYRINGE	8/1/2018
ENZYME DEFICIENCY	PALYNZIQ 2.5 MG/0.5 ML SYRINGE	8/1/2018
ENZYME DEFICIENCY	PALYNZIQ 20 MG/ML SYRINGE	8/1/2018
ANTI-INFECTIVE	PENTAM 300 VIAL	4/1/2017
ONCOLOGY	PERJETA 420 MG/14 ML VIAL	4/1/2017
ONCOLOGY - ORAL	POMALYST 1 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	POMALYST 2 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	POMALYST 3 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	POMALYST 4 MG CAPSULE	4/1/2017
ONCOLOGY	PORTRAZZA 800 MG/50 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	PREVYMIS 240 MG TABLET	2/1/2018
OTHER SPECIALTY CONDITION	PREVYMIS 240 MG/12 ML VIAL	2/1/2018
OTHER SPECIALTY CONDITION	PREVYMIS 480 MG TABLET	2/1/2018
OTHER SPECIALTY CONDITION	PREVYMIS 480 MG/24 ML VIAL	2/1/2018
IMMUNE DEFICIENCY	PRIVIGEN 10% VIAL	4/1/2017
OTHER SPECIALTY CONDITION	PROCYSBI DR 25 MG CAPSULE	4/1/2017
OTHER SPECIALTY CONDITION	PROCYSBI DR 75 MG CAPSULE	4/1/2017
PULMONARY	PROLASTIN C 1,000 MG/20 ML VL	3/1/2018
ONCOLOGY	PROLEUKIN 22 MILLION UNIT V	4/1/2017
BLOOD CELL DEFICIENCY	PROMACTA 12.5 MG SUSPEN PACKET	3/1/2019
BLOOD CELL DEFICIENCY	PROMACTA 12.5 MG TABLET	4/1/2017
BLOOD CELL DEFICIENCY	PROMACTA 25 MG TABLET	4/1/2017
BLOOD CELL DEFICIENCY	PROMACTA 50 MG TABLET	4/1/2017
BLOOD CELL DEFICIENCY	PROMACTA 75 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	RADICAVA 30 MG/100 ML BAG	10/1/2017
OTHER SPECIALTY CONDITION	RAVICTI 1.1 GRAM/ML LIQUID	4/1/2017
PULMONARY HYPERTENSION	REMODULIN 1 MG/ML VIAL	4/1/2017
PULMONARY HYPERTENSION	REMODULIN 10 MG/ML VIAL	4/1/2017
PULMONARY HYPERTENSION	REMODULIN 2.5 MG/ML VIAL	4/1/2017
PULMONARY HYPERTENSION	REMODULIN 5 MG/ML VIAL	4/1/2017
ONCOLOGY - ORAL	REVLIMID 10 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	REVLIMID 15 MG CAPSULE	4/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
ONCOLOGY - ORAL	REVLIMID 2.5 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	REVLIMID 20 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	REVLIMID 25 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	REVLIMID 5 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	RUBRACA 200 MG TABLET	4/1/2017
ONCOLOGY - ORAL	RUBRACA 250 MG TABLET	4/1/2017
ONCOLOGY - ORAL	RUBRACA 300 MG TABLET	4/1/2017
HEREDITARY ANGIOEDEMA	RUCONEST 2,100 UNIT VIAL	4/1/2017
ONCOLOGY - ORAL	RYDAPT 25 MG CAPSULE	4/1/2017
OTHER SPECIALTY CONDITION	SABRIL 500 MG POWDER PACKET	4/1/2017
OTHER SPECIALTY CONDITION	SABRIL 500 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	SAMSCA 15 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	SAMSCA 30 MG TABLET	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR 0.3 MG/ML AMPULE	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR 0.6 MG/ML AMPULE	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR 0.9 MG/ML AMPULE	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR LAR 10 MG VIAL	11/1/2018
ENDOCRINE DISORDER	SIGNIFOR LAR 20 MG KIT	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR LAR 30 MG VIAL	11/1/2018
ENDOCRINE DISORDER	SIGNIFOR LAR 40 MG KIT	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR LAR 60 MG KIT	4/1/2017
ANTI-INFECTIVE	SIVEXTRO 200 MG TABLET	4/1/2017
ANTI-INFECTIVE	SIVEXTRO 200 MG VIAL	4/1/2017
OTHER SPECIALTY CONDITION	SODIUM PHENYLBUTYRATE POWDE	4/1/2017
ENDOCRINE DISORDER	SOMATULINE DEPOT 120 MG/0.5	4/1/2017
ENDOCRINE DISORDER	SOMATULINE DEPOT 60 MG/0.2	4/1/2017
ENDOCRINE DISORDER	SOMATULINE DEPOT 90 MG/0.3	4/1/2017
ENDOCRINE DISORDER	SOMAVERT 10 MG VIAL	4/1/2017
ENDOCRINE DISORDER	SOMAVERT 15 MG VIAL	4/1/2017
ENDOCRINE DISORDER	SOMAVERT 20 MG VIAL	4/1/2017
ENDOCRINE DISORDER	SOMAVERT 25 MG VIAL	4/1/2017
ENDOCRINE DISORDER	SOMAVERT 30 MG VIAL	4/1/2017
OTHER SPECIALTY CONDITION	STIMATE 1.5 MG/ML NASAL SPR	4/1/2017
ONCOLOGY - ORAL	STIVARGA 40 MG TABLET	4/1/2017
ENZYME DEFICIENCY	STRENSIQ 18 MG/0.45 ML VIAL	4/1/2017
ENZYME DEFICIENCY	STRENSIQ 28 MG/0.7 ML VIAL	4/1/2017
ENZYME DEFICIENCY	STRENSIQ 40 MG/ML VIAL	4/1/2017
ENZYME DEFICIENCY	STRENSIQ 80 MG/0.8 ML VIAL	4/1/2017
ONCOLOGY	SYLATRON 200 MCG KIT	4/1/2017
ONCOLOGY	SYLATRON 300 MCG KIT	4/1/2017
ONCOLOGY	SYLATRON 600 MCG KIT	4/1/2017
ONCOLOGY	SYLVANT 100 MG VIAL	4/1/2017
ONCOLOGY	SYLVANT 400 MG VIAL	4/1/2017
PULMONARY	SYMDEKO 100/150 MG-150 MG TABS	4/1/2018

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
RSV PREVENTION	SYNAGIS 100 MG/1 ML VIAL	4/1/2017
RSV PREVENTION	SYNAGIS 50 MG/0.5 ML VIAL	4/1/2017
ANTI-INFECTIVE	SYNERCID 500 MG VIAL	4/1/2017
ONCOLOGY	SYNRIBO 3.5 MG/ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	SYPRINE 250 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	TABLOID 40 MG TABLET	4/1/2017
ONCOLOGY - ORAL	TAFINLAR 50 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	TAFINLAR 75 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	TAGRISSE 40 MG TABLET	4/1/2017
ONCOLOGY - ORAL	TAGRISSE 80 MG TABLET	4/1/2017
HEREDITARY ANGIOEDEMA	TAKHZYRO 300 MG/2 ML VIAL	11/1/2018
ONCOLOGY - ORAL	TALZENNA 0.25 MG CAPSULE	1/1/2019
ONCOLOGY - ORAL	TALZENNA 1 MG CAPSULE	1/1/2019
ONCOLOGY - ORAL	TARCEVA 100 MG TABLET	4/1/2017
ONCOLOGY - ORAL	TARCEVA 150 MG TABLET	4/1/2017
ONCOLOGY - ORAL	TARCEVA 25 MG TABLET	4/1/2017
ONCOLOGY	TARGRETIN 1% GEL	4/1/2017
ONCOLOGY - ORAL	TARGRETIN 75 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	TASIGNA 150 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	TASIGNA 200 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	TASIGNA 50 MG CAPSULE	6/1/2018
OTHER SPECIALTY CONDITION	TAVALISSE 100 MG TABLET	7/1/2018
OTHER SPECIALTY CONDITION	TAVALISSE 150 MG TABLET	7/1/2018
ONCOLOGY	TAXOTERE 20 MG/ML VIAL	4/1/2017
ONCOLOGY	TAXOTERE 80 MG/4 ML VIAL	4/1/2017
ONCOLOGY	TECENTRIQ 1,200 MG/20 ML VI	4/1/2017
ONCOLOGY	TECENTRIQ 840 MG/14 ML VIAL	5/1/2019
ONCOLOGY	TEMODAR 100 MG VIAL	4/1/2017
ONCOLOGY	TENIPOSIDE 50 MG/5 ML AMPUL	4/1/2017
OTHER SPECIALTY CONDITION	TETRABENAZINE 12.5 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	TETRABENAZINE 25 MG TABLET	4/1/2017
ONCOLOGY - ORAL	THALOMID 100 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	THALOMID 150 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	THALOMID 200 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	THALOMID 50 MG CAPSULE	4/1/2017
ONCOLOGY	THIOTEPA 100 MG VIAL	6/1/2018
ONCOLOGY	THIOTEPA 15 MG VIAL	4/1/2017
ONCOLOGY - ORAL	TIBSOVO 250 MG TABLET	1/1/2019
OTHER SPECIALTY CONDITION	TIGLUTIK 50 MG/10 ML SUSP	1/1/2019
PULMONARY	TOBI PODHALER 28 MG INHALE	4/1/2017
ONCOLOGY	TOPOSAR 100 MG/5 ML VIAL	4/1/2017
ONCOLOGY	TOPOTECAN HCL 4 MG/4 ML VIA	4/1/2017
ONCOLOGY	TORISEL 25 MG KIT	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	TOTECT 500 MG VIAL	10/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
PULMONARY HYPERTENSION	TRACLEER 125 MG TABLET	4/1/2017
PULMONARY HYPERTENSION	TRACLEER 32 MG TABLET	1/1/2018
PULMONARY HYPERTENSION	TRACLEER 62.5 MG TABLET	4/1/2017
ONCOLOGY	TREANDA 100 MG VIAL	4/1/2017
ONCOLOGY	TREANDA 25 MG VIAL	4/1/2017
ONCOLOGY - ORAL	TRETINOIN 10 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	TREXALL 10 MG TABLET	4/1/2017
ONCOLOGY - ORAL	TREXALL 15 MG TABLET	4/1/2017
ONCOLOGY - ORAL	TREXALL 5 MG TABLET	4/1/2017
ONCOLOGY - ORAL	TREXALL 7.5 MG TABLET	4/1/2017
OTHER SPECIALTY CONDITION	TRIPTODUR	11/1/2017
ONCOLOGY	TRISENOX 10 MG/10 ML AMPULE	4/1/2017
ONCOLOGY	TRISENOX 12 MG/6 ML VIAL	2/1/2018
OTHER SPECIALTY CONDITION	TROGARZO 200 MG/1.33 ML VIAL	6/1/2018
ONCOLOGY - ORAL	TYKERB 250 MG TABLET	4/1/2017
PULMONARY HYPERTENSION	TYVASO 1.74 MG/2.9 ML SOLUT	4/1/2017
PULMONARY HYPERTENSION	TYVASO INHALATION REFILL KI	4/1/2017
PULMONARY HYPERTENSION	TYVASO INHALATION STARTER K	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 1,000 MCG TABLET	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 1,200 MCG TABLET	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 1,400 MCG TABLET	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 1,600 MCG TABLET	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 200 MCG TABLET	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 200-800 TITRATION P	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 400 MCG TABLET	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 600 MCG TABLET	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 800 MCG TABLET	4/1/2017
ONCOLOGY	VALCHLOR 0.016% GEL	4/1/2017
OTHER SPECIALTY CONDITION	VECAMYL 2.5 MG TABLET	4/1/2017
ONCOLOGY	VECTIBIX 100 MG/5 ML VIAL	4/1/2017
ONCOLOGY	VECTIBIX 400 MG/20 ML VIAL	4/1/2017
PULMONARY HYPERTENSION	VELETRI 0.5 MG VIAL	4/1/2017
PULMONARY HYPERTENSION	VELETRI 1.5 MG VIAL	4/1/2017
ONCOLOGY - ORAL	VENCLEXTA 10 MG TABLET	4/1/2017
ONCOLOGY - ORAL	VENCLEXTA 100 MG TABLET	4/1/2017
ONCOLOGY - ORAL	VENCLEXTA 50 MG TABLET	4/1/2017
ONCOLOGY - ORAL	VENCLEXTA STARTING PACK	4/1/2017
PULMONARY HYPERTENSION	VENTAVIS 10 MCG/1 ML SOLUTI	4/1/2017
PULMONARY HYPERTENSION	VENTAVIS 20 MCG/1 ML SOLUTI	4/1/2017
ONCOLOGY - ORAL	VERZENIO 100MG TABLET	12/1/2017
ONCOLOGY - ORAL	VERZENIO 150MG TABLET	12/1/2017
ONCOLOGY - ORAL	VERZENIO 200 MG TABLET	12/1/2017
ONCOLOGY - ORAL	VERZENIO 50 MG TABLET	12/1/2017
ANTI-INFECTIVE	VIBATIV 750 MG VIAL	2/1/2018

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.

Specialty Drug List - Sorted by Drug Name
Developed for the Mississippi Division of Medicaid by Mercer

Therapeutic Class	Drug Name & Strength	Effective Date
ONCOLOGY	VINBLASTINE 1 MG/ML VIAL	4/1/2017
ONCOLOGY	VINCASAR PFS 1 MG/ML VIAL	4/1/2017
ONCOLOGY	VINCASAR PFS 2 MG/2 ML VIAL	4/1/2017
ONCOLOGY	VINORELBINE 10 MG/ML VIAL	4/1/2017
ONCOLOGY	VINORELBINE 50 MG/5 ML VIAL	4/1/2017
ONCOLOGY - ORAL	VITRAKVI 100 MG CAPSULE	3/1/2019
ONCOLOGY - ORAL	VITRAKVI 20 MG/ML SOLUTION	3/1/2019
ONCOLOGY - ORAL	VITRAKVI 25 MG CAPSULE	3/1/2019
ONCOLOGY - ORAL	VIZIMPRO 15 MG TABLET	12/1/2018
ONCOLOGY - ORAL	VIZIMPRO 30 MG TABLET	12/1/2018
ONCOLOGY - ORAL	VIZIMPRO 45 MG TABLET	12/1/2018
ONCOLOGY - ORAL	VOTRIENT 200 MG TABLET	4/1/2017
ENZYME DEFICIENCY	VPRIV 400 UNITS VIAL	4/1/2017
ONCOLOGY	VYXEOS LIPOSOME 44 MG-100 MG	10/1/2017
ONCOLOGY - ORAL	XALKORI 200 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	XALKORI 250 MG CAPSULE	4/1/2017
ONCOLOGY	XGEVA 120 MG/1.7 ML VIAL	4/1/2017
OTHER SPECIALTY CONDITION	XIAFLEX 0.9 MG VIAL	4/1/2017
ONCOLOGY - ORAL	XOSPATA 40 MG TABLET	2/1/2019
ONCOLOGY - ORAL	XTANDI 40 MG CAPSULE	4/1/2017
OTHER SPECIALTY CONDITION	XYREM 500 MG/ML ORAL SOLUTI	4/1/2017
ONCOLOGY	YERVOY 200 MG/40 ML VIAL	4/1/2017
ONCOLOGY	YERVOY 50 MG/10 ML VIAL	4/1/2017
ONCOLOGY	YONDELIS 1 MG VIAL	4/1/2017
ONCOLOGY - ORAL	YONSA 125 MG TABLET	8/1/2018
ONCOLOGY	ZALTRAP 100 MG/4 ML VIAL	4/1/2017
ONCOLOGY	ZALTRAP 200 MG/8 ML VIAL	4/1/2017
ONCOLOGY	ZANOSAR 1 GM POWDER VIAL	4/1/2017
ENZYME DEFICIENCY	ZAVESCA 100 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	ZEJULA 100 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	ZELBORAF 240 MG TABLET	4/1/2017
PULMONARY	ZEMAIRA 1,000 MG VIAL	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	ZINECARD 250 MG VIAL	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	ZINECARD 500 MG VIAL	4/1/2017
OTHER SPECIALTY CONDITION	ZINPLAVA 1,000 MG/40 ML VIA	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	ZOLEDRONIC ACID 4 MG VIAL	6/1/2018
ONCOLOGY - ADJUNCT THERAPY	ZOLEDRONIC ACID 4 MG/100 ML	4/1/2017
ONCOLOGY - ORAL	ZOLINZA 100 MG CAPSULE	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	ZOMETA 4 MG/100 ML INJECTIO	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	ZOMETA 4 MG/5 ML VIAL	4/1/2017
ONCOLOGY - ORAL	ZYDELIG 100 MG TABLET	4/1/2017
ONCOLOGY - ORAL	ZYDELIG 150 MG TABLET	4/1/2017
ONCOLOGY - ORAL	ZYKADIA 150 MG CAPSULE	4/1/2017
ONCOLOGY - ORAL	ZYTIGA 500 MG TABLET	10/1/2017

Products appearing on the specialty list may require prior authorization. In addition, product inclusion on the specialty list does not guarantee payment through the pharmacy benefit.