

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

Published 6/1/2020

Therapeutic Class	Drug Brand Name & Strength	Drug Generic Name	Effective Date
ANTI-INFECTIVE	ABELCET 100 MG/20 ML VIAL	amphotericin B lipid complex	4/1/2017
IMMUNE DEFICIENCY	ACTIMMUNE 100 MCG/0.5 ML VI	interferon gamma-1b,recomb.	4/1/2017
PULMONARY HYPERTENSION	ADEMPAS 0.5 MG TABLET	riociguat	4/1/2017
PULMONARY HYPERTENSION	ADEMPAS 1 MG TABLET	riociguat	4/1/2017
PULMONARY HYPERTENSION	ADEMPAS 1.5 MG TABLET	riociguat	4/1/2017
PULMONARY HYPERTENSION	ADEMPAS 2 MG TABLET	riociguat	4/1/2017
PULMONARY HYPERTENSION	ADEMPAS 2.5 MG TABLET	riociguat	4/1/2017
ONCOLOGY - ORAL	AFINITOR 10 MG TABLET	everolimus	4/1/2017
ONCOLOGY - ORAL	AFINITOR 2.5 MG TABLET	everolimus	4/1/2017
ONCOLOGY - ORAL	AFINITOR 5 MG TABLET	everolimus	4/1/2017
ONCOLOGY - ORAL	AFINITOR 7.5 MG TABLET	everolimus	4/1/2017
ONCOLOGY - ORAL	AFINITOR DISPERZ 2 MG TABLET	everolimus	4/1/2017
ONCOLOGY - ORAL	AFINITOR DISPERZ 3 MG TABLET	everolimus	4/1/2017
ONCOLOGY - ORAL	AFINITOR DISPERZ 5 MG TABLET	everolimus	4/1/2017
ONCOLOGY - ORAL	ALECENSA 150 MG CAPSULE	allectinib HCl	4/1/2017
ONCOLOGY - ORAL	ALKERAN 2 MG TABLET	melphalan	4/1/2017
ONCOLOGY - ORAL	ALUNBRIG 180 MG TABLET	brigatinib	3/1/2018
ONCOLOGY - ORAL	ALUNBRIG 30 MG TABLET	brigatinib	4/1/2017
ONCOLOGY - ORAL	ALUNBRIG 90 MG TABLET	brigatinib	3/1/2018
ONCOLOGY - ORAL	ALUNBRIG 90 MG-180 MG TAB PACK	brigatinib	3/1/2018
ANTI-INFECTIVE	AMBISOME 50 MG VIAL	amphotericin B liposome	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	AMIFOSTINE 500 MG VIAL	amifostine crystalline	4/1/2017
ENZYME DEFICIENCY	AMMONUL 10%-10% VIAL	sodium benzoate/sod phenylacet	4/1/2017
ANTI-INFECTIVE	ANCOBON 250 MG CAPSULE	flucytosine	4/1/2017
ANTI-INFECTIVE	ANCOBON 500 MG CAPSULE	flucytosine	4/1/2017
OTHER SPECIALTY CONDITION	APOKYN 30 MG/3 ML CARTRIDGE	apomorphine HCl	4/1/2017
PULMONARY	ARALAST NP 500 MG VIAL	alpha-1-proteinase inhibitor	4/1/2017
OTHER SPECIALTY CONDITION	ARCALYST 220 MG INJECTION	riloncept	4/1/2017
PULMONARY	ARIKAYCE 590 MG/8.4 ML VIAL	amikacin liposomal/neb.accesssr	2/1/2019
ANTI-INFECTIVE	AVYCAZ 2.5 GRAM VIAL	ceftazidime/avibactam	4/1/2017
ONCOLOGY - ORAL	AYVAKIT 100 MG TABLET	avapritinib	3/1/2020
ONCOLOGY - ORAL	AYVAKIT 200 MG TABLET	avapritinib	3/1/2020
ONCOLOGY - ORAL	AYVAKIT 300 MG TABLET	avapritinib	3/1/2020
ONCOLOGY - ORAL	BALVERSA 3 MG TABLET	erdafitinib	6/1/2019
ONCOLOGY - ORAL	BALVERSA 4 MG TABLET	erdafitinib	6/1/2019
ONCOLOGY - ORAL	BALVERSA 5 MG TABLET	erdafitinib	6/1/2019
OTHER SPECIALTY CONDITION	BENLYSTA 200 MG/ML AUTOINJECT	belimumab	10/1/2017
OTHER SPECIALTY CONDITION	BENLYSTA 200 MG/ML SYRINGE	belimumab	10/1/2017
HEREDITARY ANGIOEDEMA	BERINERT 500 UNIT KIT	C1 esterase inhibitor	4/1/2017
PULMONARY	BETHKIS 300 MG/4 ML AMPULE	tobramycin	4/1/2017
IMMUNE DEFICIENCY	BIVIGAM LIQUID 10% VIAL	immun glob G(IgG)/gly/IgA ov50	4/1/2017
ONCOLOGY - ORAL	BOSULIF 100 MG TABLET	bosutinib	4/1/2017
ONCOLOGY - ORAL	BOSULIF 400 MG TABLET	bosutinib	2/1/2018
ONCOLOGY - ORAL	BOSULIF 500 MG TABLET	bosutinib	4/1/2017
OTHER SPECIALTY CONDITION	BUPHENYL 500 MG TABLET	sodium phenylbutyrate	4/1/2017
OTHER SPECIALTY CONDITION	CABLIVI 11 MG KIT	caplacizumab-yhdp	5/1/2019
ONCOLOGY - ORAL	CABOMETYX 20 MG TABLET	cabozantinib s-malate	4/1/2017
ONCOLOGY - ORAL	CABOMETYX 40 MG TABLET	cabozantinib s-malate	4/1/2017
ONCOLOGY - ORAL	CABOMETYX 60 MG TABLET	cabozantinib s-malate	4/1/2017
OTHER SPECIALTY CONDITION	CALCITRIOL 1 MCG/ML AMPUL	calcitriol	4/1/2017
ONCOLOGY - ORAL	CALQUENCE 100 MG CAPSULE	acalabrutinib	1/1/2018
ONCOLOGY - ORAL	CAPRELSA 100 MG TABLET	vandetanib	4/1/2017
ONCOLOGY - ORAL	CAPRELSA 300 MG TABLET	vandetanib	4/1/2017
ENZYME DEFICIENCY	CARBAGLU 200 MG DISPER TABL	carglumic acid	4/1/2017
PULMONARY	CAYSTON 75 MG INHAL SOLUTIO	aztreonam lysine	4/1/2017
OTHER SPECIALTY CONDITION	CEPROTIN 400-600 UNITS VIAL	protein C, human	4/1/2017
OTHER SPECIALTY CONDITION	CEPROTIN 800-1,200 UNITS VI	protein C, human	4/1/2017
ENZYME DEFICIENCY	CERDELGA 84 MG CAPSULE	eliglustat tartrate	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 Brand Name & Strength	Drug Generic Name	Effective Date
ENZYME DEFICIENCY	CEREZYME 400 UNITS VIAL	imiglucerase	4/1/2017
OTHER SPECIALTY CONDITION	CHENODAL 250 MG TABLET	chenodiol	4/1/2017
OTHER SPECIALTY CONDITION	CHOLBAM 250 MG CAPSULE	cholic acid	4/1/2017
OTHER SPECIALTY CONDITION	CHOLBAM 50 MG CAPSULE	cholic acid	4/1/2017
HEREDITARY ANGIOEDEMA	CINRYZE 500 UNIT VIAL	C1 esterase inhibitor	4/1/2017
ONCOLOGY - ORAL	COMETRIQ 100 MG DAILY-DOSE	cabozantinib s-malate	4/1/2017
ONCOLOGY - ORAL	COMETRIQ 140 MG DAILY-DOSE	cabozantinib s-malate	4/1/2017
ONCOLOGY - ORAL	COMETRIQ 60 MG DAILY-DOSE P	cabozantinib s-malate	4/1/2017
ONCOLOGY - ORAL	COPIKTRA 15 MG CAPSULE	duvelisib	1/1/2019
ONCOLOGY - ORAL	COPIKTRA 25 MG CAPSULE	duvelisib	1/1/2019
ONCOLOGY - ORAL	COTELLIC 20 MG TABLET	cobimetinib fumarate	4/1/2017
ANTI-INFECTIVE	CRESEMBA 372 MG VIAL	isavuconazonium sulfate	4/1/2017
OTHER SPECIALTY CONDITION	CRYSVITA 10 MG/ML VIAL	burosumab-twza	7/1/2018
OTHER SPECIALTY CONDITION	CRYSVITA 20 MG/ML VIAL	burosumab-twza	7/1/2018
OTHER SPECIALTY CONDITION	CRYSVITA 30 MG/ML VIAL	burosumab-twza	7/1/2018
IMMUNE DEFICIENCY	CUVITRU 1 GRAM/5 ML VIAL	immun glob G(IgG)/gly/IgA ov50	4/1/2017
IMMUNE DEFICIENCY	CUVITRU 10 GRAM/50 ML VIAL	immun glob G(IgG)/gly/IgA ov50	10/1/2019
IMMUNE DEFICIENCY	CUVITRU 2 GRAM/10 ML VIAL	immun glob G(IgG)/gly/IgA ov50	4/1/2017
IMMUNE DEFICIENCY	CUVITRU 4 GRAM/20 ML VIAL	immun glob G(IgG)/gly/IgA ov50	4/1/2017
IMMUNE DEFICIENCY	CUVITRU 8 GRAM/ 40 ML VIAL	immun glob G(IgG)/gly/IgA ov50	4/1/2017
OTHER SPECIALTY CONDITION	CYSTAGON 150 MG CAPSULE	cysteamine bitartrate	4/1/2017
OTHER SPECIALTY CONDITION	CYSTAGON 50 MG CAPSULE	cysteamine bitartrate	4/1/2017
IMMUNE DEFICIENCY	CYTOGAM 2.5 GM/50 ML VIAL	cytomegalovirus immune globuln	4/1/2017
ANTI-INFECTIVE	DALVANCE 500 MG VIAL	dalbavancin HCl	4/1/2017
ANTI-INFECTIVE	DAPTOMYCIN 350 MG VIAL	daptomycin	12/1/2019
ANTI-INFECTIVE	DAPTOMYCIN 500 MG VIAL	daptomycin	4/1/2017
ONCOLOGY - ORAL	DAURISMO 100 MG TABLET	glasdegib maleate	3/1/2019
ONCOLOGY - ORAL	DAURISMO 25 MG TABLET	glasdegib maleate	3/1/2019
OTHER SPECIALTY CONDITION	DEFERLAL 2 GRAM VIAL	deferoxamine mesylate	4/1/2017
OTHER SPECIALTY CONDITION	DEFERLAL MESYLATE 500 MG VL	deferoxamine mesylate	4/1/2017
OTHER SPECIALTY CONDITION	DILUENT FOR FLOLAN VIAL	diluent for epoprostenol(glyc)	4/1/2017
OTHER SPECIALTY CONDITION	DUOPA 4.63 MG-20 MG/ML SUSP	carbidopa/levodopa	4/1/2017
OTHER SPECIALTY CONDITION	EGRIFTA 1 MG VIAL	tesamorelin acetate	4/1/2017
ENZYME DEFICIENCY	ELELYSO 200 UNITS VIAL	taliglucerase alfa	4/1/2017
ONCOLOGY - ORAL	EMCYT 140 MG CAPSULE	estramustine phosphate sodium	4/1/2017
OTHER SPECIALTY CONDITION	EMFLAZA 18 MG TABLET	deflazacort	4/1/2017
OTHER SPECIALTY CONDITION	EMFLAZA 22.75 MG/ML ORAL SUSP	deflazacort	4/1/2017
OTHER SPECIALTY CONDITION	EMFLAZA 30 MG TABLET	deflazacort	4/1/2017
OTHER SPECIALTY CONDITION	EMFLAZA 36 MG TABLET	deflazacort	4/1/2017
OTHER SPECIALTY CONDITION	EMFLAZA 6 MG TABLET	deflazacort	4/1/2017
OTHER SPECIALTY CONDITION	ENDARI 5 GRAM POWDER PACKET	glutamine	4/1/2018
ONCOLOGY - ORAL	ERIVEDGE 150 MG CAPSULE	vismodegib	4/1/2017
ONCOLOGY - ORAL	ERLEADA 60 MG TABLET	apalutamide	4/1/2018
PULMONARY	ESBRIET 267 MG CAPSULE	pirfenidone	4/1/2017
PULMONARY	ESBRIET 267 MG TABLET	pirfenidone	4/1/2017
PULMONARY	ESBRIET 801 MG TABLET	pirfenidone	4/1/2017
ONCOLOGY - ORAL	ETOPOSIDE 50 MG CAPSULE	etoposide	4/1/2017
OTHER SPECIALTY CONDITION	EXJADE 125 MG TABLET	deferasirox	4/1/2017
OTHER SPECIALTY CONDITION	EXJADE 250 MG TABLET	deferasirox	4/1/2017
OTHER SPECIALTY CONDITION	EXJADE 500 MG TABLET	deferasirox	4/1/2017
OTHER SPECIALTY CONDITION	EXONDYS 51 100 MG/2 ML VIAL	eteplirsen	4/1/2017
OTHER SPECIALTY CONDITION	EXONDYS 51 500 MG/10 ML VIA	eteplirsen	4/1/2017
ENZYME DEFICIENCY	FABRAZYME 35 MG VIAL	agalsidase beta	4/1/2017
ENZYME DEFICIENCY	FABRAZYME 5 MG VIAL	agalsidase beta	4/1/2017
ONCOLOGY - ORAL	FARYDAK 10 MG CAPSULE	panobinostat lactate	4/1/2017
ONCOLOGY - ORAL	FARYDAK 15 MG CAPSULE	panobinostat lactate	4/1/2017
ONCOLOGY - ORAL	FARYDAK 20 MG CAPSULE	panobinostat lactate	4/1/2017
OTHER SPECIALTY CONDITION	FERRIPROX 1,000 MG TABLET	deferiprone	10/1/2019
OTHER SPECIALTY CONDITION	FERRIPROX 100 MG/ML SOLUTIO	deferiprone	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 Brand Name & Strength	Drug Generic Name	Effective Date
OTHER SPECIALTY CONDITION	FERRIPROX 500 MG TABLET	deferiprone	4/1/2017
HEREDITARY ANGIOEDEMA	FIRAZYR 30 MG/3 ML SYRINGE	icatibant acetate	4/1/2017
IMMUNE DEFICIENCY	FLEBOGAMMA DIF 10% VIAL	imm glob G (IgG)/sorb/IgA 0-50	4/1/2017
IMMUNE DEFICIENCY	FLEBOGAMMA DIF 5% VIAL	imm glob G (IgG)/sorb/IgA 0-50	4/1/2017
PULMONARY HYPERTENSION	FLOLAN 0.5 MG VIAL	epoprostenol sodium (glycine)	4/1/2017
PULMONARY HYPERTENSION	FLOLAN 1.5 MG VIAL	epoprostenol sodium (glycine)	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	FUSILEV I.V. 50 MG VIAL	levoleucovorin calcium	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 10,000 MCG/20 ML S	baclofen	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 10,000 MCG/20 ML V	baclofen	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 20,000 MCG/20 ML S	baclofen	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 20,000 MCG/20 ML V	baclofen	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 40,000 MCG/20 ML S	baclofen	4/1/2017
OTHER SPECIALTY CONDITION	GABLOFEN 40,000 MCG/20 ML V	baclofen	4/1/2017
ENZYME DEFICIENCY	GALAFOLD 123 MG CAPSULE	migalastat HCl	10/1/2018
IMMUNE DEFICIENCY	GAMMAGARD LIQUID 10% VIAL	immun glob G(IgG)/gly/IgA ov50	4/1/2017
IMMUNE DEFICIENCY	GAMMAGARD S-D 10 G (IGA<1)	immun glob G/gly/gluc/IgA 0-50	4/1/2017
IMMUNE DEFICIENCY	GAMMAGARD S-D 5 G (IGA<1) S	immun glob G/gly/gluc/IgA 0-50	4/1/2017
IMMUNE DEFICIENCY	GAMMAPLEX 5 GRAM/50 ML VIAL	immun glob G(IgG)/gly/IgA 0-50	4/1/2017
IMMUNE DEFICIENCY	GAMMAPLEX 5% VIAL	immun glob G/sorb/gly/IgA 0-50	4/1/2017
IMMUNE DEFICIENCY	GAMUNEX-C 1 GRAM/10 ML VIAL	immune globul G/gly/IgA avg 46	4/1/2017
IMMUNE DEFICIENCY	GAMUNEX-C 10 GRAM/100 ML VI	immune globul G/gly/IgA avg 46	4/1/2017
IMMUNE DEFICIENCY	GAMUNEX-C 2.5 GRAM/25 ML VI	immune globul G/gly/IgA avg 46	4/1/2017
IMMUNE DEFICIENCY	GAMUNEX-C 20 GRAM/200 ML VI	immune globul G/gly/IgA avg 46	4/1/2017
IMMUNE DEFICIENCY	GAMUNEX-C 40 GRAM/400 ML VI	immune globul G/gly/IgA avg 46	4/1/2017
IMMUNE DEFICIENCY	GAMUNEX-C 5 GRAM/50 ML VIAL	immune globul G/gly/IgA avg 46	4/1/2017
OTHER SPECIALTY CONDITION	GATTEX 5 MG 30-VIAL KIT	teduglutide	4/1/2017
ONCOLOGY - ORAL	GILOTRIF 20 MG TABLET	afatinib dimaleate	4/1/2017
ONCOLOGY - ORAL	GILOTRIF 30 MG TABLET	afatinib dimaleate	4/1/2017
ONCOLOGY - ORAL	GILOTRIF 40 MG TABLET	afatinib dimaleate	4/1/2017
PULMONARY	GLASSIA 1 GM/50 ML VIAL	alpha-1-proteinase inhibitor	4/1/2017
HEREDITARY ANGIOEDEMA	HAEGARDA 2,000 UNIT VIAL	C1 esterase inhibitor	10/1/2017
HEREDITARY ANGIOEDEMA	HAEGARDA 3,000 UNIT VIAL	C1 esterase inhibitor	10/1/2017
OTHER SPECIALTY CONDITION	HEMLIBRA 105 MG/0.7 VIAL	emicizumab-kxwh	11/16/2017
OTHER SPECIALTY CONDITION	HEMLIBRA 150 MG/ML VIAL	emicizumab-kxwh	11/16/2017
OTHER SPECIALTY CONDITION	HEMLIBRA 30 MG/ML VIAL	emicizumab-kxwh	11/16/2017
OTHER SPECIALTY CONDITION	HEMLIBRA 60MG/0.4ML VIAL	emicizumab-kxwh	11/16/2017
OTHER SPECIALTY CONDITION	HETLIOZ 20 MG CAPSULE	tasimelteon	4/1/2017
IMMUNE DEFICIENCY	HIZENTRA 1 GRAM/5 ML SYRINGE	immun glob G(IgG)/pro/IgA 0-50	6/1/2020
IMMUNE DEFICIENCY	HIZENTRA 1 GRAM/5 ML VIAL	immun glob G(IgG)/pro/IgA 0-50	4/1/2017
IMMUNE DEFICIENCY	HIZENTRA 10 GRAM/50 ML VIAL	immun glob G(IgG)/pro/IgA 0-50	4/1/2017
IMMUNE DEFICIENCY	HIZENTRA 2 GRAM/10 ML SYRINGE	immun glob G(IgG)/pro/IgA 0-50	6/1/2020
IMMUNE DEFICIENCY	HIZENTRA 2 GRAM/10 ML VIAL	immun glob G(IgG)/pro/IgA 0-50	4/1/2017
IMMUNE DEFICIENCY	HIZENTRA 4 GRAM/20 ML SYRINGE	immun glob G(IgG)/pro/IgA 0-50	6/1/2020
IMMUNE DEFICIENCY	HIZENTRA 4 GRAM/20 ML VIAL	immun glob G(IgG)/pro/IgA 0-50	4/1/2017
OTHER SPECIALTY CONDITION	HP ACTHAR GEL 80 UNIT/ML VI	corticotropin	4/1/2017
ONCOLOGY - ORAL	HYCAMTIN 0.25 MG CAPSULE	topotecan HCl	4/1/2017
ONCOLOGY - ORAL	HYCAMTIN 1 MG CAPSULE	topotecan HCl	4/1/2017
IMMUNE DEFICIENCY	HYQVIA 10 GM-800 UNIT PACK	IgG/hyaluronidase,recombinant	4/1/2017
IMMUNE DEFICIENCY	HYQVIA 2.5 GM-200 UNIT PACK	IgG/hyaluronidase,recombinant	4/1/2017
IMMUNE DEFICIENCY	HYQVIA 20 GM-1,600 UNIT PAC	IgG/hyaluronidase,recombinant	4/1/2017
IMMUNE DEFICIENCY	HYQVIA 30 GM-2,400 UNIT PAC	IgG/hyaluronidase,recombinant	4/1/2017
IMMUNE DEFICIENCY	HYQVIA 5 GM-400 UNIT PACK	IgG/hyaluronidase,recombinant	4/1/2017
ONCOLOGY - ORAL	IBRANCE 100 MG CAPSULE	palbociclib	4/1/2017
ONCOLOGY - ORAL	IBRANCE 100 MG TABLET	palbociclib	5/1/2020
ONCOLOGY - ORAL	IBRANCE 125 MG CAPSULE	palbociclib	4/1/2017
ONCOLOGY - ORAL	IBRANCE 125 MG TABLET	palbociclib	5/1/2020
ONCOLOGY - ORAL	IBRANCE 75 MG CAPSULE	palbociclib	4/1/2017
ONCOLOGY - ORAL	IBRANCE 75 MG TABLET	palbociclib	5/1/2020
ONCOLOGY - ORAL	ICLUSIG 15 MG TABLET	ponatinib HCl	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 Brand Name & Strength	Drug Generic Name	Effective Date
ONCOLOGY - ORAL	ICLUSIG 45 MG TABLET	ponatinib HCl	4/1/2017
ONCOLOGY - ORAL	IDHIFA 100 MG TABLET	enasidenib mesylate	10/1/2017
ONCOLOGY - ORAL	IDHIFA 50 MG TABLET	enasidenib mesylate	10/1/2017
ONCOLOGY - ORAL	IMBRUVICA 140 MG CAPSULE	ibrutinib	4/1/2017
ONCOLOGY - ORAL	IMBRUVICA 140 MG TABLET	ibrutinib	5/1/2018
ONCOLOGY - ORAL	IMBRUVICA 280 MG TABLET	ibrutinib	5/1/2018
ONCOLOGY - ORAL	IMBRUVICA 420 MG TABLET	ibrutinib	5/1/2018
ONCOLOGY - ORAL	IMBRUVICA 560 MG TABLET	ibrutinib	5/1/2018
ONCOLOGY - ORAL	IMBRUVICA 70 MG CAPSULE	ibrutinib	5/1/2018
OTHER SPECIALTY CONDITION	INCRELEX 40 MG/4 ML VIAL	mecasermin	4/1/2017
ONCOLOGY - ORAL	INLYTA 1 MG TABLET	axitinib	4/1/2017
ONCOLOGY - ORAL	INLYTA 5 MG TABLET	axitinib	4/1/2017
ONCOLOGY - ORAL	INREBIC 100 MG CAPSULE	fedratinib dihydrochloride	10/1/2019
ONCOLOGY - ORAL	IRESSA 250 MG TABLET	gefitinib	4/1/2017
OTHER SPECIALTY CONDITION	JADENU 180 MG TABLET	deferasirox	4/1/2017
OTHER SPECIALTY CONDITION	JADENU 360 MG TABLET	deferasirox	4/1/2017
OTHER SPECIALTY CONDITION	JADENU 90 MG TABLET	deferasirox	4/1/2017
OTHER SPECIALTY CONDITION	JADENU SPRINKLE 180 MG GRANULE	deferasirox	10/1/2017
OTHER SPECIALTY CONDITION	JADENU SPRINKLE 360 MG GRANULE	deferasirox	10/1/2017
OTHER SPECIALTY CONDITION	JADENU SPRINKLE 90 MG GRANULE	deferasirox	10/1/2017
ONCOLOGY - ORAL	JAKAFI 10 MG TABLET	ruxolitinib phosphate	4/1/2017
ONCOLOGY - ORAL	JAKAFI 15 MG TABLET	ruxolitinib phosphate	4/1/2017
ONCOLOGY - ORAL	JAKAFI 20 MG TABLET	ruxolitinib phosphate	4/1/2017
ONCOLOGY - ORAL	JAKAFI 25 MG TABLET	ruxolitinib phosphate	4/1/2017
ONCOLOGY - ORAL	JAKAFI 5 MG TABLET	ruxolitinib phosphate	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 10 MG CAPSULE	lomitapide mesylate	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 20 MG CAPSULE	lomitapide mesylate	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 30 MG CAPSULE	lomitapide mesylate	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 40 MG CAPSULE	lomitapide mesylate	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 5 MG CAPSULE	lomitapide mesylate	4/1/2017
HIGH CHOLESTEROL	JUXTAPID 60 MG CAPSULE	lomitapide mesylate	4/1/2017
OTHER SPECIALTY CONDITION	JYNARQUE 45 MG-15 MG TABLET	tolvaptan	7/1/2018
OTHER SPECIALTY CONDITION	JYNARQUE 60 MG-30 MG TABLET	tolvaptan	7/1/2018
OTHER SPECIALTY CONDITION	JYNARQUE 90 MG-30 MG TABLET	tolvaptan	7/1/2018
HEREDITARY ANGIOEDEMA	KALBITOR 10 MG/ML VIAL	ecallantide	4/1/2017
PULMONARY	KALYDECO 150 MG TABLET	ivacaftor	4/1/2017
PULMONARY	KALYDECO 25 MG GRANULES PACKET	ivacaftor	7/1/2019
PULMONARY	KALYDECO 50 MG GRANULES PAC	ivacaftor	4/1/2017
PULMONARY	KALYDECO 75 MG GRANULES PAC	ivacaftor	4/1/2017
ENZYME DEFICIENCY	KANUMA 20 MG/10 ML VIAL	sebelipase alfa	4/1/2017
OTHER SPECIALTY CONDITION	KEVEYIS 50 MG TABLET	dichlorphenamide	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	KHAPZORY 175 MG VIAL	levoleucovorin	3/1/2019
ONCOLOGY - ADJUNCT THERAPY	KHAPZORY 300 MG VIAL	levoleucovorin	3/1/2019
ONCOLOGY - ORAL	KISQALI 200 MG DAILY DOSE	ribociclib succinate	4/1/2017
ONCOLOGY - ORAL	KISQALI 400 MG DAILY DOSE	ribociclib succinate	4/1/2017
ONCOLOGY - ORAL	KISQALI 600 MG DAILY DOSE	ribociclib succinate	4/1/2017
ONCOLOGY - ORAL	KISQALI FEMARA 200 MG CO-PACK	ribociclib succinate/letrozole	4/1/2017
ONCOLOGY - ORAL	KISQALI FEMARA 400 MG CO-PACK	ribociclib succinate/letrozole	4/1/2017
ONCOLOGY - ORAL	KISQALI FEMARA 600 MG CO-PACK	ribociclib succinate/letrozole	4/1/2017
PULMONARY	KITABIS PAK 300 MG/5 ML	tobramycin/nebulizer	4/1/2017
OTHER SPECIALTY CONDITION	KORLYM 300 MG TABLET	mifepristone	4/1/2017
ONCOLOGY - ORAL	KOSELUGO 10 MG CAPSULE	selumetinib/vitamin E TPGS	6/1/2020
ONCOLOGY - ORAL	KOSELUGO 25 MG CAPSULE	selumetinib/vitamin E TPGS	6/1/2020
ENZYME DEFICIENCY	KUVAN 100 MG POWDER PACKET	sapropterin dihydrochloride	4/1/2017
ENZYME DEFICIENCY	KUVAN 100 MG TABLET	sapropterin dihydrochloride	4/1/2017
ENZYME DEFICIENCY	KUVAN 500 MG POWDER PACKET	sapropterin dihydrochloride	4/1/2017
ONCOLOGY - ORAL	LENVIMA 10 MG DAILY DOSE	lenvatinib mesylate	4/1/2017
ONCOLOGY - ORAL	LENVIMA 12 MG DAILY DOSE	lenvatinib mesylate	10/1/2018
ONCOLOGY - ORAL	LENVIMA 14 MG DAILY DOSE	lenvatinib mesylate	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 Brand Name & Strength	Drug Generic Name	Effective Date
ONCOLOGY - ORAL	LENVIMA 18 MG DAILY DOSE	lenvatinib mesylate	4/1/2017
ONCOLOGY - ORAL	LENVIMA 20 MG DAILY DOSE	lenvatinib mesylate	4/1/2017
ONCOLOGY - ORAL	LENVIMA 24 MG DAILY DOSE	lenvatinib mesylate	4/1/2017
ONCOLOGY - ORAL	LENVIMA 4 MG CAPSULE	lenvatinib mesylate	10/1/2018
ONCOLOGY - ORAL	LENVIMA 8 MG DAILY DOSE	lenvatinib mesylate	4/1/2017
PULMONARY HYPERTENSION	LETAIRIS 10 MG TABLET	ambrisentan	4/1/2017
PULMONARY HYPERTENSION	LETAIRIS 5 MG TABLET	ambrisentan	4/1/2017
BLOOD CELL DEFICIENCY	LEUKINE 250 MCG VIAL	sargramostim	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	LEVOLEUCOVORIN 175 MG/17.5	levoleucovorin calcium	4/1/2017
OTHER SPECIALTY CONDITION	LIORESAL IT 10 MG/20 ML KIT	baclofen	4/1/2017
OTHER SPECIALTY CONDITION	LIORESAL IT 10 MG/5 ML KIT	baclofen	4/1/2017
ONCOLOGY - ORAL	LONSURF 15 MG-6.14 MG TABLET	trifluridine/tipiracil HCl	4/1/2017
ONCOLOGY - ORAL	LONSURF 20 MG-8.19 MG TABLET	trifluridine/tipiracil HCl	4/1/2017
ONCOLOGY - ORAL	LORBRENA 100 MG TABLET	lorlatinib	1/1/2019
ONCOLOGY - ORAL	LORBRENA 25 MG TABLET	lorlatinib	1/1/2019
ENZYME DEFICIENCY	LUMIZYME 50 MG VIAL	alglucosidase alfa	4/1/2017
OTHER SPECIALTY CONDITION	LUPANETA PK 11.25-5 MG 3MO	leuprolide/norethindrone acet	4/1/2017
OTHER SPECIALTY CONDITION	LUPANETA PK 3.75-5 MG 1MO K	leuprolide/norethindrone acet	4/1/2017
OTHER SPECIALTY CONDITION	LUPRON DEPOT-PED 11.25 MG 3	leuprolide acetate	4/1/2017
OTHER SPECIALTY CONDITION	LUPRON DEPOT-PED 11.25 MG K	leuprolide acetate	4/1/2017
OTHER SPECIALTY CONDITION	LUPRON DEPOT-PED 15 MG KIT	leuprolide acetate	4/1/2017
OTHER SPECIALTY CONDITION	LUPRON DEPOT-PED 30 MG 3MO	leuprolide acetate	4/1/2017
OTHER SPECIALTY CONDITION	LUPRON DEPOT-PED 7.5 MG KIT	leuprolide acetate	4/1/2017
ONCOLOGY - ORAL	LYNPARZA 100 MG TABLET	olaparib	10/1/2017
ONCOLOGY - ORAL	LYNPARZA 150 MG TABLET	olaparib	10/1/2017
ONCOLOGY - ORAL	LYSODREN 500 MG TABLET	mitotane	4/1/2017
OTHER SPECIALTY CONDITION	MAKENA 1,250 MG/5 ML VIAL	hydroxyprogesterone caproate	4/1/2017
OTHER SPECIALTY CONDITION	MAKENA 250 MG/ML VIAL	hydroxyprogesterone caproate/PF	4/1/2017
OTHER SPECIALTY CONDITION	MAKENA 275 MG/1.1 ML AUTOINJECT	hydroxyprogesterone caproate/PF	5/1/2018
ONCOLOGY - ORAL	MATULANE 50 MG CAPSULE	procarbazine HCl	4/1/2017
ONCOLOGY - ORAL	MEKINIST 0.5 MG TABLET	trametinib dimethyl sulfoxide	4/1/2017
ONCOLOGY - ORAL	MEKINIST 2 MG TABLET	trametinib dimethyl sulfoxide	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	MESNEX 1 GRAM/10 ML VIAL	mesna	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	MESNEX 400 MG TABLET	mesna	4/1/2017
BLOOD CELL DEFICIENCY	MULPLETA 3 MG TABLET	lusutrombopag	10/1/2018
ENDOCRINE DISORDER	MYALEPT 11.3 MG (5 MG/ML) VIAL	metreleptin	7/1/2018
ONCOLOGY - ORAL	MYLERAN 2 MG TABLET	busulfan	4/1/2017
OTHER SPECIALTY CONDITION	NATPARA 100 MCG DOSE CARTRI	parathyroid hormone	4/1/2017
OTHER SPECIALTY CONDITION	NATPARA 25 MCG DOSE CARTRID	parathyroid hormone	4/1/2017
OTHER SPECIALTY CONDITION	NATPARA 50 MCG DOSE CARTRID	parathyroid hormone	4/1/2017
OTHER SPECIALTY CONDITION	NATPARA 75 MCG DOSE CARTRID	parathyroid hormone	4/1/2017
ONCOLOGY - ORAL	NERLYNX 40 MG TABLET	neratinib maleate	2/1/2018
ONCOLOGY - ORAL	NEXAVAR 200 MG TABLET	sorafenib tosylate	4/1/2017
ONCOLOGY - ORAL	NILANDRON 150 MG TABLET	nilutamide	4/1/2017
ONCOLOGY - ORAL	NINLARO 2.3 MG CAPSULE	ixazomib citrate	4/1/2017
ONCOLOGY - ORAL	NINLARO 3 MG CAPSULE	ixazomib citrate	4/1/2017
ONCOLOGY - ORAL	NINLARO 4 MG CAPSULE	ixazomib citrate	4/1/2017
ENZYME DEFICIENCY	NITYR 10 MG TABLET	nitisinone	10/1/2017
ENZYME DEFICIENCY	NITYR 2 MG TABLET	nitisinone	10/1/2017
ENZYME DEFICIENCY	NITYR 5 MG TABLET	nitisinone	10/1/2017
OTHER SPECIALTY CONDITION	NORTHERA 100 MG CAPSULE	droxidopa	4/1/2017
OTHER SPECIALTY CONDITION	NORTHERA 200 MG CAPSULE	droxidopa	4/1/2017
OTHER SPECIALTY CONDITION	NORTHERA 300 MG CAPSULE	droxidopa	4/1/2017
BLOOD CELL DEFICIENCY	NPLATE 125 MCG VIAL	romiplostim	1/1/2020
BLOOD CELL DEFICIENCY	NPLATE 250 MCG VIAL	romiplostim	4/1/2017
BLOOD CELL DEFICIENCY	NPLATE 500 MCG VIAL	romiplostim	4/1/2017
ONCOLOGY - ORAL	NUBEQA 300 MG TABLET	darolutamide	10/1/2019
OTHER SPECIALTY CONDITION	NYMALIZE 60 MG/20 ML SOLUTION	nimodipine	4/1/2017
OTHER SPECIALTY CONDITION	NYMALIZE 60 MG/20 ML SOLUTION	nimodipine	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 Brand Name & Strength	Drug Generic Name	Effective Date
OTHER SPECIALTY CONDITION	NYMALIZE 60 MG/20 ML SOLUTION	nimodipine	11/1/2017
OTHER SPECIALTY CONDITION	OCALIVA 10 MG TABLET	obeticholic acid	4/1/2017
OTHER SPECIALTY CONDITION	OCALIVA 5 MG TABLET	obeticholic acid	4/1/2017
IMMUNE DEFICIENCY	OCTAGAM 10% VIAL	immun globG(IgG)/malt/IgA ov50	4/1/2017
IMMUNE DEFICIENCY	OCTAGAM 5% VIAL	immun globG(IgG)/malt/IgA ov50	4/1/2017
ONCOLOGY - ORAL	ODOMZO 200 MG CAPSULE	sonidegib phosphate	4/1/2017
PULMONARY	OFEV 100 MG CAPSULE	nintedanib esylate	4/1/2017
PULMONARY	OFEV 150 MG CAPSULE	nintedanib esylate	4/1/2017
PULMONARY HYPERTENSION	OPSUMIT 10 MG TABLET	macitentan	4/1/2017
ANTI-INFECTIVE	ORBACTIV 400 MG VIAL	oritavancin diphosphate	4/1/2017
PULMONARY HYPERTENSION	ORENITRAM ER 0.125 MG TABLET	treprostinil diolamine	4/1/2017
PULMONARY HYPERTENSION	ORENITRAM ER 0.25 MG TABLET	treprostinil diolamine	4/1/2017
PULMONARY HYPERTENSION	ORENITRAM ER 1 MG TABLET	treprostinil diolamine	4/1/2017
PULMONARY HYPERTENSION	ORENITRAM ER 2.5 MG TABLET	treprostinil diolamine	4/1/2017
PULMONARY HYPERTENSION	ORENITRAM ER 5 MG TABLET	treprostinil diolamine	10/1/2017
ENZYME DEFICIENCY	ORFADIN 10 MG CAPSULE	nitisinone	4/1/2017
ENZYME DEFICIENCY	ORFADIN 2 MG CAPSULE	nitisinone	4/1/2017
ENZYME DEFICIENCY	ORFADIN 20 MG CAPSULE	nitisinone	4/1/2017
ENZYME DEFICIENCY	ORFADIN 4 MG/ML SUSPENSION	nitisinone	4/1/2017
ENZYME DEFICIENCY	ORFADIN 5 MG CAPSULE	nitisinone	4/1/2017
PULMONARY	ORKAMBI 100 MG-125 MG TABLET	lumacaftor/ivacaftor	4/1/2017
PULMONARY	ORKAMBI 100-125 MG GRANULE PKT	lumacaftor/ivacaftor	10/1/2018
PULMONARY	ORKAMBI 150-188 MG GRANULE PKT	lumacaftor/ivacaftor	10/1/2018
PULMONARY	ORKAMBI 200 MG-125 MG TABLET	lumacaftor/ivacaftor	4/1/2017
OTHER SPECIALTY CONDITION	AXBRYTA 500 MG TABLET	voxelotor	2/1/2020
ENZYME DEFICIENCY	PALYNZIQ 10 MG/0.5 ML SYRINGE	pegvaliase-pqpz	8/1/2018
ENZYME DEFICIENCY	PALYNZIQ 2.5 MG/0.5 ML SYRINGE	pegvaliase-pqpz	8/1/2018
ENZYME DEFICIENCY	PALYNZIQ 20 MG/ML SYRINGE	pegvaliase-pqpz	8/1/2018
ANTI-INFECTIVE	PENTAM 300 VIAL	pentamidine isethionate	4/1/2017
ONCOLOGY - ORAL	PIQRAY 200 MG DAILY DOSE	alpelisib	8/1/2019
ONCOLOGY - ORAL	PIQRAY 250 MG DAILY DOSE	alpelisib	8/1/2019
ONCOLOGY - ORAL	PIQRAY 300 MG DAILY DOSE	alpelisib	8/1/2019
ONCOLOGY - ORAL	POMALYST 1 MG CAPSULE	pomalidomide	4/1/2017
ONCOLOGY - ORAL	POMALYST 2 MG CAPSULE	pomalidomide	4/1/2017
ONCOLOGY - ORAL	POMALYST 3 MG CAPSULE	pomalidomide	4/1/2017
ONCOLOGY - ORAL	POMALYST 4 MG CAPSULE	pomalidomide	4/1/2017
OTHER SPECIALTY CONDITION	PREVYMIS 240 MG TABLET	letermovir	2/1/2018
OTHER SPECIALTY CONDITION	PREVYMIS 240 MG/12 ML VIAL	letermovir	2/1/2018
OTHER SPECIALTY CONDITION	PREVYMIS 480 MG TABLET	letermovir	2/1/2018
OTHER SPECIALTY CONDITION	PREVYMIS 480 MG/24 ML VIAL	letermovir	2/1/2018
IMMUNE DEFICIENCY	PRIVIGEN 10% VIAL	immun glob G(IgG)/pro/IgA 0-50	4/1/2017
OTHER SPECIALTY CONDITION	PROCYSBI DR 25 MG CAPSULE	cysteamine bitartrate	4/1/2017
OTHER SPECIALTY CONDITION	PROCYSBI DR 300 MG GRANULE PKT	cysteamine bitartrate	4/1/2020
OTHER SPECIALTY CONDITION	PROCYSBI DR 75 MG CAPSULE	cysteamine bitartrate	4/1/2017
OTHER SPECIALTY CONDITION	PROCYSBI DR 75 MG GRANULE PKT	cysteamine bitartrate	4/1/2020
PULMONARY	PROLASTIN C 1,000 MG/20 ML VIAL	alpha-1-proteinase inhibitor	3/1/2018
BLOOD CELL DEFICIENCY	PROMACTA 12.5 MG SUSPEN PACKET	eltrombopag olamine	3/1/2019
BLOOD CELL DEFICIENCY	PROMACTA 12.5 MG TABLET	eltrombopag olamine	4/1/2017
BLOOD CELL DEFICIENCY	PROMACTA 25 MG SUSPENSION PACKET	eltrombopag olamine	6/1/2020
BLOOD CELL DEFICIENCY	PROMACTA 25 MG TABLET	eltrombopag olamine	4/1/2017
BLOOD CELL DEFICIENCY	PROMACTA 50 MG TABLET	eltrombopag olamine	4/1/2017
BLOOD CELL DEFICIENCY	PROMACTA 75 MG TABLET	eltrombopag olamine	4/1/2017
OTHER SPECIALTY CONDITION	RADICAVA 30 MG/100 ML BAG	edaravone	10/1/2017
OTHER SPECIALTY CONDITION	RAVICTI 1.1 GRAM/ML LIQUID	glycerol phenylbutyrate	4/1/2017
PULMONARY HYPERTENSION	REMODULIN 1 MG/ML VIAL	treprostinil sodium	4/1/2017
PULMONARY HYPERTENSION	REMODULIN 10 MG/ML VIAL	treprostinil sodium	4/1/2017
PULMONARY HYPERTENSION	REMODULIN 2.5 MG/ML VIAL	treprostinil sodium	4/1/2017
PULMONARY HYPERTENSION	REMODULIN 5 MG/ML VIAL	treprostinil sodium	4/1/2017
ONCOLOGY - ORAL	REVLIMID 10 MG CAPSULE	lenalidomide	4/1/2017

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

Therapeutic Class	Drug Brand Name & Strength	Drug Generic Name	Effective Date
ONCOLOGY - ORAL	REVLIMID 15 MG CAPSULE	lenalidomide	4/1/2017
ONCOLOGY - ORAL	REVLIMID 2.5 MG CAPSULE	lenalidomide	4/1/2017
ONCOLOGY - ORAL	REVLIMID 20 MG CAPSULE	lenalidomide	4/1/2017
ONCOLOGY - ORAL	REVLIMID 25 MG CAPSULE	lenalidomide	4/1/2017
ONCOLOGY - ORAL	REVLIMID 5 MG CAPSULE	lenalidomide	4/1/2017
ONCOLOGY - ORAL	ROZLYTREK 100 MG CAPSULE	entrectinib	10/1/2019
ONCOLOGY - ORAL	ROZLYTREK 200 MG CAPSULE	entrectinib	10/1/2019
ONCOLOGY - ORAL	RUBRACA 200 MG TABLET	rucaparib camsylate	4/1/2017
ONCOLOGY - ORAL	RUBRACA 250 MG TABLET	rucaparib camsylate	4/1/2017
ONCOLOGY - ORAL	RUBRACA 300 MG TABLET	rucaparib camsylate	4/1/2017
HEREDITARY ANGIOEDEMA	RUCONEST 2,100 UNIT VIAL	C1 esterase inhibitor, recomb	4/1/2017
OTHER SPECIALTY CONDITION	RUZURGI 10 MG TABLET	amifampridine	8/1/2019
ONCOLOGY - ORAL	RYDAPT 25 MG CAPSULE	midostaurin	4/1/2017
OTHER SPECIALTY CONDITION	SABRIL 500 MG POWDER PACKET	vigabatrin	4/1/2017
OTHER SPECIALTY CONDITION	SABRIL 500 MG TABLET	vigabatrin	4/1/2017
OTHER SPECIALTY CONDITION	SAMSCA 15 MG TABLET	tolvaptan	4/1/2017
OTHER SPECIALTY CONDITION	SAMSCA 30 MG TABLET	tolvaptan	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR 0.3 MG/ML AMPULE	pasireotide diaspartate	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR 0.6 MG/ML AMPULE	pasireotide diaspartate	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR 0.9 MG/ML AMPULE	pasireotide diaspartate	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR LAR 10 MG VIAL	pasireotide pamoate	11/1/2018
ENDOCRINE DISORDER	SIGNIFOR LAR 20 MG KIT	pasireotide pamoate	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR LAR 30 MG VIAL	pasireotide pamoate	11/1/2018
ENDOCRINE DISORDER	SIGNIFOR LAR 40 MG KIT	pasireotide pamoate	4/1/2017
ENDOCRINE DISORDER	SIGNIFOR LAR 60 MG KIT	pasireotide pamoate	4/1/2017
ANTI-INFECTIVE	SIVEXTRO 200 MG TABLET	tedizolid phosphate	4/1/2017
ANTI-INFECTIVE	SIVEXTRO 200 MG VIAL	tedizolid phosphate	4/1/2017
OTHER SPECIALTY CONDITION	SODIUM PHENYL BUTYRATE POWDE	sodium phenylbutyrate	4/1/2017
ENDOCRINE DISORDER	SOMATULINE DEPOT 120 MG/0.5	lanreotide acetate	4/1/2017
ENDOCRINE DISORDER	SOMATULINE DEPOT 60 MG/0.2	lanreotide acetate	4/1/2017
ENDOCRINE DISORDER	SOMATULINE DEPOT 90 MG/0.3	lanreotide acetate	4/1/2017
ENDOCRINE DISORDER	SOMAVERT 10 MG VIAL	pegvisomant	4/1/2017
ENDOCRINE DISORDER	SOMAVERT 15 MG VIAL	pegvisomant	4/1/2017
ENDOCRINE DISORDER	SOMAVERT 20 MG VIAL	pegvisomant	4/1/2017
ENDOCRINE DISORDER	SOMAVERT 25 MG VIAL	pegvisomant	4/1/2017
ENDOCRINE DISORDER	SOMAVERT 30 MG VIAL	pegvisomant	4/1/2017
OTHER SPECIALTY CONDITION	STIMATE 1.5 MG/ML NASAL SPR	desmopressin acetate	4/1/2017
ONCOLOGY - ORAL	STIVARGA 40 MG TABLET	regorafenib	4/1/2017
ENZYME DEFICIENCY	STRENSIQ 18 MG/0.45 ML VIAL	asfotase alfa	4/1/2017
ENZYME DEFICIENCY	STRENSIQ 28 MG/0.7 ML VIAL	asfotase alfa	4/1/2017
ENZYME DEFICIENCY	STRENSIQ 40 MG/ML VIAL	asfotase alfa	4/1/2017
ENZYME DEFICIENCY	STRENSIQ 80 MG/0.8 ML VIAL	asfotase alfa	4/1/2017
PULMONARY	SYMDEKO 100/150 MG-150 MG TABS	tezacaftor/ivacaftor	4/1/2018
PULMONARY	SYMDEKO 50/75 MG-75 MG TABLETS	tezacaftor/ivacaftor	9/1/2019
RSV PREVENTION	SYNAGIS 100 MG/1 ML VIAL	palivizumab	4/1/2017
RSV PREVENTION	SYNAGIS 50 MG/0.5 ML VIAL	palivizumab	4/1/2017
ANTI-INFECTIVE	SYNERCID 500 MG VIAL	quinupristin/dalfopristin	4/1/2017
OTHER SPECIALTY CONDITION	SYPRINE 250 MG CAPSULE	trientine HCl	4/1/2017
ONCOLOGY - ORAL	TABLOID 40 MG TABLET	thioguanine	4/1/2017
ONCOLOGY - ORAL	TAFINLAR 50 MG CAPSULE	dabrafenib mesylate	4/1/2017
ONCOLOGY - ORAL	TAFINLAR 75 MG CAPSULE	dabrafenib mesylate	4/1/2017
ONCOLOGY - ORAL	TAGRISSO 40 MG TABLET	osimertinib mesylate	4/1/2017
ONCOLOGY - ORAL	TAGRISSO 80 MG TABLET	osimertinib mesylate	4/1/2017
HEREDITARY ANGIOEDEMA	TAKHZYRO 300 MG/2 ML VIAL	lanadelumab-flyo	11/1/2018
ONCOLOGY - ORAL	TALZENNA 0.25 MG CAPSULE	talazoparib tosylate	1/1/2019
ONCOLOGY - ORAL	TALZENNA 1 MG CAPSULE	talazoparib tosylate	1/1/2019
ONCOLOGY - ORAL	TARCEVA 100 MG TABLET	erlotinib HCl	4/1/2017
ONCOLOGY - ORAL	TARCEVA 150 MG TABLET	erlotinib HCl	4/1/2017
ONCOLOGY - ORAL	TARCEVA 25 MG TABLET	erlotinib HCl	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 Brand Name & Strength	Drug Generic Name	Effective Date
ONCOLOGY - ORAL	TARGRETIN 75 MG CAPSULE	bexarotene	4/1/2017
ONCOLOGY - ORAL	TASIGNA 150 MG CAPSULE	nilotinib HCl	4/1/2017
ONCOLOGY - ORAL	TASIGNA 200 MG CAPSULE	nilotinib HCl	4/1/2017
ONCOLOGY - ORAL	TASIGNA 50 MG CAPSULE	nilotinib HCl	6/1/2018
OTHER SPECIALTY CONDITION	TAVALISSE 100 MG TABLET	fostamatinib disodium	7/1/2018
OTHER SPECIALTY CONDITION	TAVALISSE 150 MG TABLET	fostamatinib disodium	7/1/2018
ONCOLOGY - ORAL	TAZVERIK 200 MG TABLET	tazemetostat hydrobromide	4/1/2020
ONCOLOGY - ORAL	THALOMID 100 MG CAPSULE	thalidomide	4/1/2017
ONCOLOGY - ORAL	THALOMID 150 MG CAPSULE	thalidomide	4/1/2017
ONCOLOGY - ORAL	THALOMID 200 MG CAPSULE	thalidomide	4/1/2017
ONCOLOGY - ORAL	THALOMID 50 MG CAPSULE	thalidomide	4/1/2017
ONCOLOGY - ORAL	TIBSOVO 250 MG TABLET	ivosidenib	1/1/2019
PULMONARY	TOBI PODHALER 28 MG INHALE	tobramycin	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	TOTECT 500 MG VIAL	dexrazoxane HCl	10/1/2017
PULMONARY HYPERTENSION	TRACLEER 125 MG TABLET	bosentan	4/1/2017
PULMONARY HYPERTENSION	TRACLEER 32 MG TABLET	bosentan	1/1/2018
PULMONARY HYPERTENSION	TRACLEER 62.5 MG TABLET	bosentan	4/1/2017
ONCOLOGY - ORAL	TRETINOIN 10 MG CAPSULE	tretinoin	4/1/2017
PULMONARY	TRIKAFTA 100/50/75 MG-150 MG	elexacaftor/tezacaftor/ivacaft	1/1/2020
OTHER SPECIALTY CONDITION	TRIPTODUR	triptorelin pamoate	11/1/2017
OTHER SPECIALTY CONDITION	TROGARZO 200 MG/1.33 ML VIAL	ibalizumab-uiyk	6/1/2018
ONCOLOGY - ORAL	TURALIO 200 MG CAPSULE	pexidartinib hydrochloride	10/1/2019
ONCOLOGY - ORAL	TYKERB 250 MG TABLET	lapatinib ditosylate	4/1/2017
PULMONARY HYPERTENSION	TYVASO 1.74 MG/2.9 ML SOLUT	treprostinil	4/1/2017
PULMONARY HYPERTENSION	TYVASO INHALATION REFILL KI	treprostinil/neb accessories	4/1/2017
PULMONARY HYPERTENSION	TYVASO INHALATION STARTER K	treprostinil/nebulizer/accesor	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 1,000 MCG TABLET	selexipag	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 1,200 MCG TABLET	selexipag	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 1,400 MCG TABLET	selexipag	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 1,600 MCG TABLET	selexipag	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 200 MCG TABLET	selexipag	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 200-800 TITRATION P	selexipag	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 400 MCG TABLET	selexipag	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 600 MCG TABLET	selexipag	4/1/2017
PULMONARY HYPERTENSION	UPTRAVI 800 MCG TABLET	selexipag	4/1/2017
OTHER SPECIALTY CONDITION	VECAMYL 2.5 MG TABLET	mecamylamine HCl	4/1/2017
PULMONARY HYPERTENSION	VELETRI 0.5 MG VIAL	epoprostenol sodium (arginine)	4/1/2017
PULMONARY HYPERTENSION	VELETRI 1.5 MG VIAL	epoprostenol sodium (arginine)	4/1/2017
ONCOLOGY - ORAL	VENCLEXTA 10 MG TABLET	venetoclax	4/1/2017
ONCOLOGY - ORAL	VENCLEXTA 100 MG TABLET	venetoclax	4/1/2017
ONCOLOGY - ORAL	VENCLEXTA 50 MG TABLET	venetoclax	4/1/2017
ONCOLOGY - ORAL	VENCLEXTA STARTING PACK	venetoclax	4/1/2017
PULMONARY HYPERTENSION	VENTAVIS 10 MCG/1 ML SOLUTI	iloprost tromethamine	4/1/2017
PULMONARY HYPERTENSION	VENTAVIS 20 MCG/1 ML SOLUTI	iloprost tromethamine	4/1/2017
ONCOLOGY - ORAL	VERZENIO 100MG TABLET	abemaciclib	12/1/2017
ONCOLOGY - ORAL	VERZENIO 150MG TABLET	abemaciclib	12/1/2017
ONCOLOGY - ORAL	VERZENIO 200 MG TABLET	abemaciclib	12/1/2017
ONCOLOGY - ORAL	VERZENIO 50 MG TABLET	abemaciclib	12/1/2017
ANTI-INFECTIVE	VIBATIV 750 MG VIAL	telavancin HCl	2/1/2018
ONCOLOGY - ORAL	VITRAKVI 100 MG CAPSULE	larotrectinib sulfate	3/1/2019
ONCOLOGY - ORAL	VITRAKVI 20 MG/ML SOLUTION	larotrectinib sulfate	3/1/2019
ONCOLOGY - ORAL	VITRAKVI 25 MG CAPSULE	larotrectinib sulfate	3/1/2019
ONCOLOGY - ORAL	VIZIMPRO 15 MG TABLET	dacomitinib	12/1/2018
ONCOLOGY - ORAL	VIZIMPRO 30 MG TABLET	dacomitinib	12/1/2018
ONCOLOGY - ORAL	VIZIMPRO 45 MG TABLET	dacomitinib	12/1/2018
ONCOLOGY - ORAL	VOTRIENT 200 MG TABLET	pazopanib HCl	4/1/2017
ENZYME DEFICIENCY	VPRIV 400 UNITS VIAL	velaglucerase alfa	4/1/2017
OTHER SPECIALTY CONDITION	VYNDAMAX 61 MG CAPSULE	tafamidis	11/1/2019
OTHER SPECIALTY CONDITION	VYONDYS-53 100 MG/2 ML VIAL	golodirsen	2/1/2020

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 Brand Name & Strength	Drug Generic Name	Effective Date
ONCOLOGY - ORAL	XALKORI 200 MG CAPSULE	crizotinib	4/1/2017
ONCOLOGY - ORAL	XALKORI 250 MG CAPSULE	crizotinib	4/1/2017
OTHER SPECIALTY CONDITION	XIAFLEX 0.9 MG VIAL	collagenase Clostridium hist.	4/1/2017
ONCOLOGY - ORAL	XOSPATA 40 MG TABLET	gilteritinib fumarate	2/1/2019
ONCOLOGY - ORAL	XPOVIO 100 MG ONCE WEEKLY DOSE	selinexor	9/1/2019
ONCOLOGY - ORAL	XPOVIO 60 MG ONCE WEEKLY DOSE	selinexor	9/1/2019
ONCOLOGY - ORAL	XPOVIO 80 MG ONCE WEEKLY DOSE	selinexor	9/1/2019
ONCOLOGY - ORAL	XPOVIO 80 MG TWICE WEEKLY DOSE	selinexor	9/1/2019
ONCOLOGY - ORAL	XTANDI 40 MG CAPSULE	enzalutamide	4/1/2017
OTHER SPECIALTY CONDITION	XYREM 500 MG/ML ORAL SOLUTI	sodium oxybate	4/1/2017
ONCOLOGY - ORAL	YONSA 125 MG TABLET	abiraterone acet,submicronized	8/1/2018
ENZYME DEFICIENCY	ZAVESCA 100 MG CAPSULE	miglustat	4/1/2017
ONCOLOGY - ORAL	ZEJULA 100 MG CAPSULE	niraparib tosylate	4/1/2017
ONCOLOGY - ORAL	ZELBORAF 240 MG TABLET	vemurafenib	4/1/2017
PULMONARY	ZEMAIRA 1,000 MG VIAL	alpha-1-proteinase inhibitor	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	ZINECARD 250 MG VIAL	dexrazoxane HCl	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	ZINECARD 500 MG VIAL	dexrazoxane HCl	4/1/2017
OTHER SPECIALTY CONDITION	ZINPLAVA 1,000 MG/40 ML VIA	bezlotoxumab	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	ZOLEDRONIC ACID 4 MG VIAL	zoledronic acid	6/1/2018
ONCOLOGY - ADJUNCT THERAPY	ZOLEDRONIC ACID 4 MG/100 ML	zoledronic ac/mannitol/0.9NaCl	4/1/2017
ONCOLOGY - ORAL	ZOLINZA 100 MG CAPSULE	vorinostat	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	ZOMETA 4 MG/100 ML INJECTIO	zoledronic acid/mannitol-water	4/1/2017
ONCOLOGY - ADJUNCT THERAPY	ZOMETA 4 MG/5 ML VIAL	zoledronic acid	4/1/2017
ONCOLOGY - ORAL	ZYDELIG 100 MG TABLET	idelalisib	4/1/2017
ONCOLOGY - ORAL	ZYDELIG 150 MG TABLET	idelalisib	4/1/2017
ONCOLOGY - ORAL	ZYKADIA 150 MG TABLET	ceritinib	7/1/2019