

MS DIVISION OF MEDICAID

Voluntary 90 Day Maintenance List

Effective April 1, 2019

Disease State Format



See PDL for preferred agents at <https://medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>.

Drugs on this list may be prescribed and dispensed for a 90 day supply. Clinicians may use this list as a tool to manage beneficiary's monthly prescription drug limit, unless clinically contraindicated.

Drugs and drug strengths appearing in red text denote changes since the last update.

	DRUG CLASS/USE	DRUG NAME	STRENGTH	BRAND NAME
CARDIOVASCULAR	ACE-Inhibitors	LISINOPRIL TAB	2.5, 5, 10, 20, 30, 40 MG	ZESTRIL, PRINIVIL
	ACE-Inhibitor Combination	AMLODIPINE/BENAZEPRIL CAP	2.5/10, 5/10, 5/20, 5/40, 10/20, 10/40 MG	LOTREL
		LISINOPRIL / HCTZ TAB	10/12.5, 20/12.5, 20/25 MG	ZESTORETIC, PRINZIDE
		VERAPAMIL/TRANDOLAPRIL TAB	1/240, 2/180, 2/240, 4/240 MG	TARKA
	Alpha-1 antagonist	DOXAZOSIN MESYLATE TAB	1, 2, 4, 8 MG	CARDURA
	ARBs	LOSARTAN TAB	25, 50, 100 MG	COZAAR
		VALSARTAN TAB	40, 80, 160, 320 MG	DIOVAN
	ARB Combinations	LOSARTAN / HCTZ TAB	50/12.5, 100/12.5, 100/25 MG	HYZAAR
		VALSARTAN/HCTZ TAB	80/12.5, 160/12.5, 320/12.5, 160/25, 320/25 MG	DIOVAN HCT
		VALSARTAN/AMLODIPINE TAB	160/5, 320/5, 160/10, 320/10 MG	EXFORGE
		VALSARTAN/AMLODIPINE/HCTZ TAB	160/5/12.5, 160/5/25, 160/10/12.5, 160/10/25, 320/10/25 MG	EXFORGE HCT
	Beta-Blockers	CARVEDILOL TAB	3.125, 6.25, 12.5, 25 MG	COREG
		METOPROLOL SUCCINATE TAB	25, 50, 100, 200 MG	TOPROL XL
		METOPROLOL TARTRATE TAB	25, 50, 100 MG	LOPRESSOR
		PROPRANOLOL TAB	10, 20, 40, 60, 80 MG	INDERAL
		PROPRANOLOL ER CAP	60, 80, 120, 160 MG	INDERAL LA
	Calcium Channel Blockers	AMLODIPINE TAB	2.5, 5, 10 MG	NORVASC
		DILTIAZEM TAB	30, 60, 90, 120 MG	CARDIZEM
		DILTIAZEM ER 24 HR. CAP, TAB	120, 180, 240, 300, 360, 420 MG	CARDIZEM CD, LA
		NIFEDIPINE ER TAB	30, 60, 90 MG	PROCARDIA XL
VERAPAMIL TAB		40, 80, 120 MG	CALAN, ISOPTIN	
VERAPAMIL EXTENDED RELEASE TAB		120, 180, 240 MG	CALAN SR	
VERAPAMIL EXTENDED RELEASE 24 HR.		100, 120, 180, 200, 240, 300, 360 MG	COVERA-HS, VERELAN PM	
Cardiac glycosides	DIGOXIN TAB±	125, 250 MCG	LANOXIN	
K+ sparing diuretics	EPLERENONE TAB	25, 50 MG	INSPIRA	
	SPIRONOLACTONE TAB	25, 50 MG	ALDACTONE	
		TRIAMTERENE/HCTZ CAP & TAB	37.5/25, 50/25, 75/50 MG	DYAZIDE, MAXZIDE

MS DIVISION OF MEDICAID

Voluntary 90 Day Maintenance List

Effective April 1, 2019

Disease State Format



	Loop diuretics	FUROSEMIDE TAB	20, 40, 80 MG	LASIX
		TORSEMIDE TAB	5, 10, 20, 100 MG	DEMADEX
	Thiazide diuretics	CHLORTHALIDONE	25, 50 MG	THALITONE
		HYDROCHLOROTHIAZIDE TAB	25 MG	HYDRODIURIL
	Vasodilators	HYDRALAZINE TAB	10, 25, 50, 100 MG	APRESOLINE
	Fibrates	FENOFIBRATE TAB nanocrystallized	48, 145 MG	TRICOR
		GEMFIBROZIL TAB	600 MG	LOPID
	Statins	ATORVASTATIN TAB	20, 40, 80 MG	LIPITOR
		PRAVASTATIN TAB	10, 20, 40, 80 MG	PRAVACHOL
		ROSUVASTATIN TAB	5, 10, 20, 40 MG	CRESTOR
		SIMVASTATIN TAB	10, 20, 40 MG	ZOCOR
	Platelet inhibitors	CLOPIDOGREL TAB	75 MG	PLAVIX
	Anticoagulants	WARFARIN TABS	ALL STRENGTHS	COUMADIN
	CYSTIC FIBROSIS		AZTREONAM LYSINE POWDER FOR NEB	75 MG /VIAL SOLN
COLISTIN (COLISTIMETHATE NA) VIAL			150 MG /VIAL ,FOR INH USE	COLY-MYCIN M
DORNASE ALFA AMP			1 MG/ML SOLN FOR INH	PULMOZYME
IVACAFTOR GRAN & TAB			50, 75 , 150 MG	KALYDECO
LUMACAFTOR-IVACAFTOR GRAN & TAB			100/125, 150/188, 100/125, 200/125	ORKAMBI
TEZACAFTOR-IVACAFTOR TAB			150/100 MG	SYMDEKO
TOBRAMYCIN SOLN FOR INH			300 MG/4 ML SOLN FOR INH	BETHKIS
TOBRAMYCIN SOLN FOR INH			300 MG/5 ML SOLN FOR INH	KITABIS
TOBRAMYCIN INH			28 MG POWDER FOR INH	TOBI PODHALER
TOBRAMYCIN SULFATE SOLN FOR INH			300MG/5ML SOLN FOR INH	TOBI
DIABETES	Alpha-Glucosidase Inhibitors	ACARBOSE	25, 50, 100 MG	PRECOSE
		MIGLITOL	25, 50, 100 MG	GLYSET
	Biguanides	METFORMIN HCL TAB	500, 850, 1000 MG	GLUCOPHAGE
		METFORMIN HCL ER 24 HR TAB	500, 750 MG	GLUCOPHAGE XR
	DPP4 & Combinations	LINAGLIPTIN TAB	5 MG	TRADJENTA
		LINAGLIPTIN/METFORMIN TAB	2.5/500, 2.5/850, 2.5/1000 MG	JENTADUETO
		SITAGLIPTIN TAB	25, 50, 100 MG	JANUVIA
		SITAGLIPTIN/METFORMIN TAB	50/500, 50/1000 MG	JANUMET
	Incretin Mimetics	SITAGLIPTIN/METFORMIN XR TAB	50/500, 50/1000, 100/1000 MG	JANUMET XR
		EXENATIDE SQ INJECTION	2 MG VIAL, 2 MG PEN INJ	BYDUREON
		EXENATIDE SQ INJECTION	5, 10 MCG DOSE PEN	BYETTA
	Meglitinides	LIRAGLUTIDE INJECTION	18 MG/3 ML (2-PAK , 3-PAK)	VICTOZA
NATEGLINIDE TAB		60, 120 MG	STARLIX	
REPAGLINIDE TAB		0.5, 1, 2 MG	PRANDIN	

MS DIVISION OF MEDICAID

Voluntary 90 Day Maintenance List

Effective April 1, 2019

Disease State Format



	Sodium Glucose Cotransporter 2 Inhibitors & Combinations	DAPAGLIFLOZIN TAB	5, 10 MG	FARXIGA
		EMPAGLIFLOZIN TAB	10, 25 MG	JARDIANCE
		EMPAGLIFLOZIN/METFORMIN TAB	5/500, 5/1000, 12.5/500, 12.5/1000 MG	SYNJARDY
	Sulfonylurea	GLIMIPIRIDE TAB	1, 2, 4 MG	AMARYL
		GLIPIZIDE TAB	5, 10 MG	GLUCOTROL
		GLIPIZIDE ER 24 HR TAB	2.5, 5, 10 MG	GLUCOTROL XL
		GLYBURIDE TAB	1.25, 2.5, 5 MG	
	Sulfonylurea/Biguanide	GLYBURIDE MICRONIZED TAB	1.5, 3, 6 MG	GLYNASE PRESTAB
		GLIPIZIDE/METFORMIN TAB	2.5/250, 2.5/500, 5/500 MG	METAGLIP
GLYBURIDE/METFORMIN TAB		2.5/500 , 5/500 MG	GLUCOVANCE	
GI	H2-antagonists	FAMOTIDINE TAB	20, 40 MG	PEPCID
		RANITIDINE TAB	150, 300 MG	ZANTAC
GOUT	Xanthine Oxidase Inhibitors	ALLOPURINOL TAB	100, 300 MG	ZYLOPRIM
ID/Antiretrovirals	Antiretrovirals (HIV)	ALL DRUGS	ALL STRENGTHS	ALL
	Antiviral	ACYCLOVIR CAP & TAB	200 MG, 400 MG	ZOVIRAX
	Antiviral/HepC	RIBAVIRIN CAP & TAB	200 MG	REBETOL/COPEGUS
	Azole antifungals	FLUCONAZOLE TAB	50, 100, 150, 200 MG	DIFLUCAN
	Sulfonamide antibiotics	SULFAMETHOXAZOLE/TMP TAB	400/80, 800/160 MG	BACTRIM SS, BACTRIM DS
IMMUNE SUPPRESSION	Corticosteroid	PREDNISONE TAB	2.5, 5, 10, 20, 50 MG	DELTASONE
	Transplant Rejection	CYCLOSPORINE (MODIFIED) SOFT GEL	25, 50, 100 MG	GENGRAF, NEORAL
		CYCLOSPORINE CAP	25, 100 MG	SANDIMMUNE
		MYCOPHENOLATE CAP	250, 500 MG	CELLCEPT
		SIROLIMUS TAB	0.5, 1, 2 MG	RAPAMUNE
		MYCOPHENOLATE SODIUM TAB	180, 360 MG	MYFORTIC
	Transplant rejection, Rheumatoid arthritis (RA)	TACROLIMUS CAP	0.5, 1, 5 MG	PROGRAF
		AZATHIOPRINE TAB	50 MG	IMURAN
METHOTREXATE TAB	2.5 MG	TREXALL		
MISC	Fibromyalgia	DULOXETINE CAP	20, 30, 40, 60 MG	CYMBALTA
	Hypothyroidism	LEVOTHYROXINE TABS±	ALL STRENGTHS	SYNTHROID, LEVOXYL, LEVOTHROID
	Leukotriene Modifiers	MONTELUKAST TAB	4, 5, 10 MG	SINGULAIR
	Malignancies	HYDROXYUREA CAP	500 MG	HYDREA, DROXIA
PAR KINS ONS	Anticholinergics	AMANTADINE CAP	100 MG	SYMMETREL

MS DIVISION OF MEDICAID

Voluntary 90 Day Maintenance List

Effective April 1, 2019

Disease State Format



		BENZTROPINE TAB	0.5, 1, 2 MG	COGENTIN	
	Dopamine replacement	LEVODOPA/CARBIDOPA TAB	100/10, 100/25, 250/25, 100/25 CR, 200/50 MG CR	SINEMET/SINEMET CR	
	MAO Inhibitors	SELEGILINE CAP & TAB	5 MG	ELDEPRYL	
Prenatal Vitamins	Prenatal Vitamins	ALL PRODUCTS* (See PDL for preferred products)	ALL	ALL	
PSYCH	Antidepressants - SSRIs	BUPROPION TAB	75, 100 MG	WELLBUTRIN	
		BUPROPION SR TAB	100, 150, 200 MG	WELLBUTRIN SR	
		BUPROPION XL TAB	150, 300 MG	WELLBUTRIN XL	
		CITALOPRAM TAB	10, 20, 40 MG	CELEXA	
		ESCITALOPRAM TAB	5, 10, 20 MG	LEXAPRO	
		FLUOXETINE CAP	10, 20, 40 MG	PROZAC	
		MIRTAZAPINE TAB	7.5, 15, 30, 45 MG	REMERON	
		PAROXETINE TAB	10, 20, 30, 40 MG	PAXIL	
		PAROXETINE CR TAB	12.5, 25, 37.5 MG	PAXIL CR	
		SERTRALINE TAB	25, 50, 100 MG	ZOLOFT	
		TRAZODONE TAB	50, 100, 150, 300 MG	DESYREL	
		VENLAFAXINE TAB	25, 37.5, 50, 75, 100 MG	EFFEXOR	
		VENLAFAXINE ER CAP/TAB	37.5, 75, 150, 225 MG	EFFEXOR XR	
	Antipsychotics – Atypical	ARIPIRAZOLE TAB	2, 5, 10, 15, 20, 30 MG	ABILIFY	
		OLANZAPINE TAB	2.5, 5, 7.5, 10, 15, 20 MG	ZYPREXA	
		OLANZAPINE ODT	5, 10, 15, 20 MG	ZYPREXA ZYDIS	
		RISPERIDONE TAB	0.25, 0.5, 1, 2, 3, 4 MG	RISPERDAL	
		RISPERIDONE ODT	0.25, 0.5, 1, 2, 3, 4 MG	RISPERDAL M-TAB/ODT	
		QUETIAPINE TAB	25, 50, 100, 200, 300, 400 MG	SEROQUEL	
		QUETIAPINE ER TAB	50, 150, 200, 300, 400 MG	SEROQUEL XR	
		ZIPRASIDONE CAP	20, 40, 60, 80 MG	GEODON	
	SEIZURES	Anticonvulsants	CARBAMAZEPINE TAB	200 MG	EPITOL
			CARBAMAZEPINE ER TAB±	100, 200, 400 MG	TEGRETOL XR
CARBAMAZEPINE ER CAP±			100, 200, 300 MG	CARBATROL/EQUETRO	
DIVALPROEX SODIUM DR TAB			125, 250, 500 MG	DEPAKOTE	
DIVALPROEX SODIUM ER TAB			250, 500 MG	DEPAKOTE ER	
ETHOSUXIMIDE CAP			250 MG	ZARONTIN	
LAMOTRIGINE TAB			25, 100, 150, 200 MG	LAMICTAL	
LAMOTRIGINE ODT TAB			25, 50, 100, 200 MG	LAMICTAL ODT	
LAMOTRIGINE ER TAB			25, 50, 100, 200, 250, 300 MG	LAMICTAL XR	

MS DIVISION OF MEDICAID

Voluntary 90 Day Maintenance List

Effective April 1, 2019

Disease State Format



		LEVETIRACETAM TAB	250, 500, 750, 1000 MG	KEPPRA
		LEVETIRACETAM ER TAB	500, 750 MG	KEPPRA XR
		OXCARBAZEPINE TAB	150, 300, 600 MG	TRILEPTAL
		PHENYTOIN SODIUM ER CAP±	30, 100 MG	DILANTIN KAPSEAL
		PHENYTOIN SODIUM ER CAP±	200, 300 MG	PHENYTEK
		TOPIRAMATE TAB	25, 50, 100, 200 MG	TOPAMAX
		TOPIRAMATE SPRINKLE CAPSULE	15, 25 MG	TOPAMAX SPRINKLE CAP
		VALPROIC ACID CAP	250 MG	DEPAKENE
		ZONISAMIDE CAP	25, 50, 100 MG	ZONEGRAN
Select Contraceptives	Oral Contraceptives* (See PDL for preferred products)	ALL PRODUCTS	ALL	ALL

± Narrow therapeutic index drugs (NTI). Branded agents must be billed with DAW7

Last updated 8/31/2021