

**Mississippi Division Of Medicaid
 Provider Notice of Preferred Drug List Changes
 PDL Changes Effective Date: July 1, 2022**



The following changes will be made to the Preferred Drug List (PDL), effective July 1, 2022.

| NEW PREFERRED DRUGS | |
|---|---|
| THERAPEUTIC CLASS | RECOMMENDED for PREFERRED STATUS |
| ANTIBIOTICS MISCELLANEOUS MACROLIDES | erythromycin ethylsuccinate |
| ANTICONVULSANTS | lacosamide |
| BETA BLOCKERS | nebivolol |
| GI ULCER THERAPIES | sucralfate |
| MISCELLANEOUS | REVLIMID (lenalidomide) |
| MISCELLANEOUS | hydroxyzine HCl Tablets |
| OPHTHALMIC ANTI-INFLAMMATORY AGENTS | difluprednate |

| NEW NON-PREFERRED DRUGS | |
|---|---|
| THERAPEUTIC CLASS | RECOMMENDED for NON-PREFERRED STATUS |
| ANTIBIOTICS MISCELLANEOUS MACROLIDES | E.E.S. Suspension (erythromycin ethylsuccinate) |
| ANTICONVULSANTS | VIMPAT (lacosamide) |
| BETA BLOCKERS | BYSTOLIC (nebivolol) |
| GI ULCER THERAPIES | CARAFATE SUSPENSION (sucralfate) |
| MISCELLANEOUS | lenalidomide |
| OPHTHALMIC ANTI-INFLAMMATORY AGENTS | DUREZOL (difluprednate) |