MISSISSIPPI DIVISION OF MEDICAID
PREFERRED DRUG LIST

The agents listed below are preferred products on the Mississippi Medicaid Preferred Drug List (PDL). The preferred drug list is a medication list recommended to the Division of Medicaid by the Pharmacy and Therapeutics Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for their efficaciousness, clinical significance, cost effectiveness and safety for Medicaid beneficiaries.
Most generic agents are preferred, do not require prior authorization, and are not individually listed below.
Unless otherwise specified, the listing of a particular brand or generic name includes all dosage forms of that drug.
For more information concerning the PDL including non-preferred agents, the OTC formulary and other specifics please visit our website at www.dom.state.ms.us.

List Effective 7-1-2006

ALLERGY
Antihistamines & Antihistamine Decongestant Combos.
First Generation
Pediatex™, Pediatex™ D
Pediatex™ 12 & 12 D
Vazol™, Vazol™ D
Second Generation
Astelin Nasal Spray®
Clarinex®
Loratadine
Zyrtec®

ANALGESICS
Cox- 2
None
NSAIDS
Generics only
Narcotics
Avinza®
Kadian®

ANTIBIOTICS (Oral)
Cephalosporins
Omnicef®
Suprax® Suspension
Macrolides
Biaxin XL®
Zithromax® Suspension
Miscellaneous
Cleocin Ped.Soln®
Penicillins
Generics only
Penicillin Combinations
Augmentin (versions not available generically)
Quinolones
Avelox®
Sulfonamides
Gantrisin® Susp
Tetracyclines
Generics only

ANTIFUNGALS (Oral)
Grifulvin V ®
Gris-PEG®
Lamisil®

ANTIPROTOZOAL
Alinia®

ANTIVIRAL
Copegus®Tabs
Hepsera®
Rebetol® Syrup
Valcyte®
Valtrex®

BPH AGENTS
Avodart®
Flomax®
Uroxatral®

CARDIOVASCULAR
ACE Inhibitors
Altace®
ACE Inhibitor/Diuretics
Generics Only
ACEI/CCB Combinations
Lexxel®
Lotrel®
Tarka®
ARBs&Combinations
Avapro®, Avalide®
Diovan®,Diovan HCT
Beta-Blockers
Coreg ®
Toprol XL®
Beta-Blocker/Diuretics
Generics Only
Calcium Channel Blockers
Norvasc®
CCB/Antihyperlipidemic
Caduet®
Diuretics& Aldosterone Receptor Antagonists
Generics Only
Platelet Aggregation Inhibitors
Aggrenox™
clopidogrel

CENTRAL NERVOUS SYSTEM AGENTS
ADHD
Adderall®-XR
Concerta™
Focalin™ XR
Metadate® CD
Strattera®
Alzheimer's Agents
Aricept®
Exelon®
Namenda®
Anti-anxiety
Generics only
Antidepressants
Effexor XR®
Wellbutrin XL®
Sedative/Hypnotics
Ambien® CR
Lunesta™
Rozerem™
Skeletal Muscle Relaxants
Generics only
5-HT3 Receptor Antagonists
Zofran®

DIABETES
Incretin Mimetics
Byetta™
INSULINS
ALL Novo Nordisk products
Lantus® (Vial)
Oral Agents
Actos®
ACTOplus met™
Avandamet®
Avandaryl™
Avandia®
Prandin®
Starlix®

DIGESTIVE HEALTH AGENTS
Asacol®
Canasa®
Dipentum®
Entocort EC®
Pentasa®

ELECTROLYTE DEPLETERS
Magnebind® Rx
Renagel®

ESTROGENS-PROGESTINS
Premarin®
Premphase®
Prempro®

GASTRO-INTEST. AGENTS
H-2 Blockers
Axid® Solution
Zantac® Syrup
PPIs
Prevacid®
Zegerid®
Misc.
Zelnorm®

G-U RELAXANTS
Enablex®

HEMATOPOIETIC
Aranesp®
Procrit®

LAXATIVES(Rx)
Generics Only

LIPIDS
Advicor®
Crestor®
Lipitor®
Niaspan®
Tricor®
Vytorin®
Zetia®

MIGRAINE
Imitrex®
Maxalt®

OSTEOPOROSIS
~~Actonel®~~
Boniva®
Evista®
Fosamax®
Miacalcin®

RESPIRATORY AGENTS
Advair®
Asmanex®
Azmacort®
Combivent®
Intal ® Aerosol Inhaler
Pulmicort Respules®
Serevent Diskus®
Singulair®
Spiriva®
Tilade®
QVAR®
Xopenex HFA™
Xopenex® Inhalation Sol.
Smooth Muscle Relaxants&Combinations
Generics Only
Nasal Corticosteroids
Flonase®
Nasonex®

THYROID/ANTI-THYROID AGENTS
All Brands & Generics

TOPICAL AGENTS
Anti-inflammatory Agents
Locoid Lipocream®
Antibacterial Agents
MetroGel® Vaginal
Antifungals
Naftin®
Antipruritic
None
Antiviral
None
Miscellaneous-Skin and Mucous Membrane Agents
Aldara®
Elidel ®

~~Anti-Influenza Class was removed due to global~~

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~~events & agents in this class do not require PA.~~

~~Changes in bisphos.class postponed until 7-1-2006. Preferred agents Fosamax and Actonel remain Preferred till 6-30-06.~~