MISSISSIPPI DIVISION OF MEDICAID
PREFERRED DRUG LIST

The agents listed below are preferred products on the Mississippi Medicaid Preferred Drug List (PDL). The PDL is a medication list recommended to the Division of Medicaid by the Pharmacy and Therapeutics (P&T) Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for the 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. Additions from previous PDL highlighted in yellow.

List Effective 01/01/09

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
ACNE AGENTS, TOPICAL (Covered only for patients under 21 years of age)	AZELEX BENZACLIN CLINAC BPO ~~DUAC~~ ~~EVOCLIN~~ NUOX RETIN-A MICRO ~~SUPHERA~~ ~~TAZORAC~~ ZACLIR
ALZHEIMER'S AGENTS	ARICEPT ARICEPT ODT EXELON NAMENDA
ANALGESICS, NARCOTIC - SHORT-ACTING (Non-parenteral)	generics only
ANALGESICS, NARCOTIC - LONG-ACTING	~~AVINZA~~ DURAGESIC KADIAN
ANALGESICS, TOPICAL	FLECTOR LIDODERM VOLTAREN
ANDROGENIC AGENTS	ANDRODERM ANDROGEL
ANGIOTENSIN MODULATORS	ACEON AVALIDE AVAPRO BENICAR BENICAR-HCT COZAAR HYZAAR DIOVAN DIOVAN-HCT MICARDIS MICARDIS-HCT

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
ANGIOTENSIN MODULATOR / CALCIUM CHANNEL BLOCKER COMBINATIONS	AZOR EXFORGE ~~LEXXEL~~ TARKA
ANTIBIOTICS, GI	ALINIA TINDAMAX
ANTIBIOTICS, VAGINAL	CLEOCIN OVULES ~~CLINDAMAX~~ ~~CLINDESSE~~
ANTICOAGULANTS, INJECTABLE	ARIXTRA FRAGMIN LOVENOX
ANTICONVULSANTS	CARBATROL DEPAKOTE DEPAKOTE ER DEPAKOTE SPRINKLE DILANTIN EQUETRO GABITRIL KEPPRA LAMICTAL LYRICA PHENYTEK TOPAMAX TRILEPTAL Suspension
ANTIDEPRESSANTS, SSRIs	generics only (except paroxetine CR)
ANTIDEPRESSANTS, OTHER	EFFEXOR XR PRISTIQ WELLBUTRIN XL
ANTIEMETICS	generics only (except dronabinol, granisetron)

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
ANTIFUNGALS, ORAL	~~GRIFULVIN V~~ GRIS-PEG ~~LAMISIL~~
ANTIFUNGALS, TOPICAL	NAFTIN ~~VUSION~~
ANTIHISTAMINES, MINIMALLY SEDATING (Xyzal will be authorized for patients failing therapy with a preferred OTC generic agent)	XYZAL
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX RELPAX TREXIMET
~~**ANTINEOPLASTIC AGENTS, TOPICAL**~~	~~generics only~~
ANTIPARASITICS, TOPICAL	EURAX OVIDE
ANTIPARKINSON'S AGENTS	~~KEMADRIN~~ STALEVO
~~**ANTIPRURITICS, TOPICAL**~~	~~PRUDOXIN~~
~~**ANTIPSORIATICS, ORAL**~~	~~none~~
~~**ANTIPSORIATICS, TOPICAL**~~	~~generics only~~
ANTIPSYCHOTICS, ATYPICAL	ABILIFY GEODON RISPERDAL SEROQUEL
ANTIVIRALS, ORAL	~~VALCYTE~~ VALTREX
~~**ANTIVIRALS, TOPICAL**~~	~~none~~
ATOPIC DERMATITIS	ELIDEL PROTOPIC
BETA BLOCKERS (Oral)	BYSTOLIC COREG CR

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
BLADDER RELAXANT PREPARATIONS	DETROL LA ENABLEX OXYTROL SANCTURA SANCTURA XR VESICARE
BONE RESORPTION SUPPRESSION AND RELATED AGENTS (Oral)	ACTONEL BONIVA EVISTA ~~FOSAMAX~~ FOSAMAX PLUS D MIACALCIN
BPH AGENTS	AVODART FLOMAX UROXATRAL
BRONCHODILATORS, ANTICHOLINERGIC	ATROVENT HFA COMBIVENT SPIRIVA
BRONCHODILATORS, BETA AGONIST	MAXAIR PROAIR HFA PROVENTIL HFA VENTOLIN HFA
CALCIUM CHANNEL BLOCKERS (Oral)	COVERA-HS DYNACIRC CR
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	~~AUGMENTIN~~ AUGMENTIN XR ~~CEFTIN Suspension~~ ~~OMNICEF~~ SUPRAX
~~**COLONY STIMULATING FACTORS (CSFs)**~~	~~none~~
CYTOKINE & CAM ANTAGONISTS	CIMZIA ENBREL HUMIRA KINERET RAPTIVA
~~**DIABETIC ULCER PREPARATIONS**~~	~~none~~
ERYTHROPOIESIS STIMULATING PROTEINS	ARANESP PROCRIT
~~**ESTROGENS**~~	~~PREMARIN~~ ~~PREMPHASE~~ ~~PREMPRO~~

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
FLUOROQUINOLONES, ORAL	AVELOX PROQUIN XR
GLUCOCORTICOIDS, INHALED	ADVAIR AEROBID AEROBID-M ASMANEX AZMACORT FLOVENT Diskus FLOVENT HFA PULMICORT Respules QVAR SYMBICORT
GROWTH HORMONE	GENOTROPIN NUTROPIN NUTROPIN AQ SAIZEN
~~**GROWTH FACTOR, INSULIN-LIKE**~~	~~none~~
~~**HEPATITIS B TREATMENTS**~~	~~HEPSERA~~
HEPATITIS C TREATMENTS	~~COPEGUS~~ PEGASYS ~~REBETOL Syrup~~
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS (includes vials and pens)	BYETTA JANUMET JANUVIA
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS (includes vials and pens)	LANTUS NOVOLIN NOVOLOG NOVOLOG MIX
HYPOGLYCEMICS, MEGLITINIDES	PRANDIN STARLIX
HYPOGLYCEMICS, TZDS	ACTOS AVANDIA ACTOPLUS MET AVANDAMET AVANDARYL DUETACT
~~**IMMUNOMODULATORS, TOPICAL**~~	~~ALDARA~~
~~**IMMUNOLOGIC AGENTS**~~	~~none~~
~~**IMPETIGO AGENTS, TOPICAL**~~	~~generics only~~
~~**INFLAMMATORY BOWEL DISEASE** (Oral)~~	~~none~~

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
INTRANASAL RHINITIS AGENTS	ASTELIN NASAREL NASONEX PATANASE VERAMYST
~~**KERATOLYTICS**~~	~~generics only~~
~~**LAXATIVES AND CATHARTICS**~~	~~AMITIZA~~ ~~CONSTULOSE~~ ~~GLYCOLAX~~
LEUKOTRIENE MODIFIERS	ACCOLATE SINGULAIR
~~**LINCOSAMIDES/ OXAZOLIDINONES, ORAL**~~	~~CLEOCIN Granules~~
LIPOTROPICS, OTHER	ANTARA LOVAZA NIASPAN TRICOR
LIPOTROPICS, STATINS	ADVICOR CADUET LESCOL LESCOL XL LIPITOR SIMCOR VYTORIN
MACROLIDES / KETOLIDES	~~BIAXIN XL~~ generics only (except clarithromycin ER)
~~**MUCOUS MEMBRANE/ SUBCUTAENOUS ENZYMES**~~	~~generics only~~
MULTIPLE SCLEROSIS AGENTS	AVONEX BETASERON COPAXONE REBIF
NSAIDS	generics only (except meclofenamate, mefenamic acid)
OPHTHALMIC QUINOLONES/ MACROLIDES	AZASITE IQUIX ~~OCUFLOX~~ VIGQMOX ~~ZYMAR~~

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
OPHTHALMICS, NSAIDS	ACULAR LS ACULAR PF ALAMAST NEVANAC
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS (Drugs in this class with post-operative indications do not require PA)	~~ALAMAST~~ ALREX ~~ALOCRIL~~ ELESTAT OPTIVAR PATADAY PATANOL
OPHTHALMICS, GLAUCOMA AGENTS	AZOPT BETIMOL COMBIGAN COSOPT ISTALOL LUMIGAN 2.5 ML TRAVATAN TRAVATAN Z TRUSOPT XALATAN
~~**ORAL MUCOSITIS/STOMATITIS AGENTS**~~	~~none~~
OTIC ~~ANTIBIOTICS AND ANTI-INFECTIVES~~ FLUOROQUINOLONES	CIPRODEX FLOXIN
PANCREATIC ENZYMES	CREON DYGASE LAPASE LIPRAM PANCREASE MT ULTRASE VIOKASE
PHOSPHATE BINDERS	FOSRENOL ~~MAGNEBIND Rx~~ PHOSLO RENAGEL
PLATELET AGGREGATION INHIBITORS	AGGRENOX PLAVIX
~~**PROGESTATIONAL AGENTS**~~	~~generics only~~
PROTON PUMP INHIBITORS (Oral)	PREVACID ZEGERID
SEDATIVE HYPNOTICS	LUNESTA ROZEREM

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
SKELETAL MUSCLE RELAXANTS	generics only (except carisoprodol, carisoprodol compound)
STEROIDS, TOPICAL	DESONATE CORDRAN LOCOID LUXIQ CAPEX ULTRAVATE
STIMULANTS AND RELATED AGENTS	ADDERALL XR CONCERTA DAYTRANA FOCALIN FOCALIN XR METADATE CD METHYLIN chewable tablets METHYLIN solution STRATTERA VYVANSE
~~**SULFONAMIDES, ABSORBABLE**~~	~~GANTRISIN Suspension~~
ULCERATIVE COLITIS AGENTS	ASACOL DIPENTUM LIALDA PENTASA CANASA