Mississippi Division of Medicaid

Alphabetical Preferred Drug List (by brand name)

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 (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 s 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 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.medicai

List Effective 1/1/10

ABILIFY	AVANDAMET	**CORTISPORIN-TC**	FLOMAX	**LAMICTAL XR**	NIACOR	RELPAX
ACCOLATE	AVANDARYL	COSOPT	FLONASE	LANTUS	NIASPAN	RENAGEL
ACEON	AVANDIA	COVERA-HS	FLOVENT	~~LAPASE~~	NOVOLIN	RETIN-A MICRO
ACTONEL	AVAPRO	COZAAR	FLOXIN	LESCOL	NOVOLOG	REVATIO
ACTONEL W/CALCIUM	AVELOX	CREON	**FML FORTE**	LESCOL XL	NOVOLOG MIX	ROZEREM
ACTOPLUS MET	AVODART	DAYTRANA	**FML SOP**	LETAIRIS	NUOX	SAIZEN
ACTOS	AVONEX	DEPAKOTE ER	FOCALIN	LEVEMIR	NUTROPIN	SANCTURA
~~ACULAR LS~~	AZASITE	DEPAKOTE SPRINKLE	FOCALIN XR	LIALDA	NUTROPIN AQ	SANCTURA XR
~~ACULAR PF~~	AZELEX	DESONATE	FORADIL	LIDODERM	**ONGLYZA**	**SAPHRIS**
ADDERALL XR	AZMACORT	DETROL LA	FORTICAL	LIPITOR	OPTIVAR	**SAVELLA**
ADVAIR	AZOPT	DILANTIN	FOSAMAX PLUS D	~~LIPRAM~~	~~OVIDE~~	SEROQUEL
AEROBID	AZOR	DIOVAN	FOSRENOL	~~LOCOID~~	OXYTROL	**SEROQUEL XR**
AEROBID-M	BENICAR	DIOVAN-HCT	FRAGMIN	**LOTEMAX**	PANCREASE MT	SIMCOR
AGGRENOX	BENICAR-HCT	DIPENTUM	GABITRIL	LOVAZA	**PANOXYL**	SINGULAIR
~~ALAMAST~~	BENZACLIN	DUETACT	GENOTROPIN	LOVENOX	PATADAY	SPIRIVA
ALINIA	BETASERON	DURAGESIC	GEODON	~~LUMIGAN 2.5 ML~~	PATANASE	STALEVO
ALREX	BETIMOL	~~DYGASE~~	GRIS-PEG	LUNESTA	PATANOL	STARLIX
ANDRODERM	BYETTA	DYNACIRC CR	HELIDAC	**LUVOX CR**	PEGASYS	~~STRATTERA~~
ANDROGEL	BYSTOLIC	EFFEXOR XR	HUMIRA	LUXIQ	PENTASA	SUPRAX
ARANESP	CADUET	ELESTAT	HYZAAR	LYRICA	PHENYTEK	SYMBICORT
ARICEPT	CANASA	ELIDEL	**IBUDONE**	**MAXIDEX**	PHOSLO	TARKA
ARICEPT ODT	CAPEX	ELIPHOS	IMITREX	METADATE CD	PLAVIX	TEGRETOL XR
ARIXTRA	CARBATROL	**EMADINE**	INNOPRAN XL	METHYLIN chew tabs	PRANDIN	TINDAMAX
ASACOL	**CETRAXAL**	ENABLEX	**INOVA**	METHYLIN solution	PREVACID Rx	**TOBREX Ointment**
ASACOL HD	CIMZIA	ENBREL	**INTUNIV**	MIACALCIN	PREVPAC	TRACLEER
ASMANEX	CIPRODEX	EQUETRO	IQUIX	MICARDIS	PRISTIQ	TRAVATAN
ASTELIN	CLEOCIN OVULES	EURAX	ISTALOL	MICARDIS-HCT	PROAIR HFA	TRAVATAN Z
ASTEPRO	CLINAC BPO	EVISTA	JANUMET	**MOBAN**	PROCRIT	TREXIMET
ATROVENT HFA	**COLY-MYCIN S**	EXELON	JANUVIA	**MOMEXIN**	~~PROQUIN XR~~	TRICOR
AUGMENTIN 125 SUSP	COMBIGAN	EXFORGE	KADIAN	NAFTIN	PROTOPIC	TRILEPTAL Susp
AUGMENTIN 250 SUSP	COMBIVENT	**EXFORGE HCT**	KAPIDEX	NAMENDA	PROVENTIL HFA	TRILIPIX
AUGMENTIN CHEWABLE	CONCERTA	**EXTAVIA**	KINERET	NASAREL	PULMICORT Respules	TRUSOPT
AUGMENTIN XR	COPAXONE	**FLAREX**	~~LAMICTAL~~	NASONEX	QVAR	ULTRASE
AVALIDE	~~CORDRAN oint, lotion~~	FLECTOR	**LAMICTAL ODT**	NEVANAC	REBIF	**ULTRAVATE**

*Xyzal will be approved for patients failing therapy with OTC cetirizine, loratadine, or fexofenadine.

Agents added as preferred to the PDL for 1/1/10 implementation are in **BOLD.**

Mississippi Division of Medicaid

Alphabetical Preferred Drug List (Antihistamine/Decongestants by brand name)

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, c

List Effective 07/01/09

ALA-HIST D	DALLERGY	MYCI CHLOR-TAN	PEDIATAN	POLY TAN D	SEMPREX-D	XYZAL*
ALAHIST LQ	MYCI CHLORPED	NALDEX	POLY TAN	P-TEX	VAZOL	

y and Therapeutics
afety for Medicaid
name includes all
d.ms.gov.

UROXATRAL
VALTREX
VANDAZOLE
VENTOLIN HFA
VERAMYST
VEXOL
VIGAMOX
VIOKASE
VOLTAREN Gel
VYVANSE
WELLBUTRIN XL
XALATAN
ZACLIR

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