# 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 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.medicaid.ms.gov.

List Effective 7/1/10

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

*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, clinical significance, cost

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 | |