

**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.

ALLERGY

Antihistamines &
Antihistamine
Decongestant Combos.
First Generation
Peditex™, Peditex™ D
Peditex™ 12 & 12 D
Vazol™, Vazol™ D
Second Generation
Astelin Nasal Spray®
Clarinet®
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
None

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
Alzheimer's Agents
Aricept®
Exelon®
Namenda®
Anti-anxiety
None

Antidepressants

Effexor XR®
Wellbutrin XL®

Sedative/Hypnotics

Ambien® CR
Lunesta™
Rozerem™

Skeletal Muscle

Relaxants

None

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®

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

List Effective 4-1-2006