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 07/01/09

ABILIFY	AUGMENTIN XR	COMBIGAN	EURAX	KADIAN	NAFTIN	PROCRIT	**TRACLEER**
ACCOLATE	AVALIDE	COMBIVENT	EVISTA	**KAPIDEX**	NAMENDA	PROQUIN XR	TRAVATAN
ACEON	AVANDAMET	CONCERTA	EQUETRO	JANUVIA	NASAREL	PROTOPIC	TRAVATAN Z
ACTONEL	AVANDARYL	COPAXONE	EXELON	KEPPRA	NASONEX	PROVENTIL HFA	TREXIMET
ACTONEL W/CALCIUM	AVANDIA	CORDRAN ointment, lotion	EXFORGE	KINERET	NEVANAC	PULMICORT Respules	TRICOR
ACTOPLUS MET	AVAPRO	*COREG CR*	FLECTOR	LAMICTAL	**NIACOR**	QVAR	TRILEPTAL Susp
ACTOS	AVELOX	COSOPT	FLOMAX	LANTUS	NIASPAN	RAPTIVA	**TRILIPIX**
ACULAR LS	AVODART	COVERA-HS	**FLONASE**	LAPASE	NOVOLIN	REBIF	TRUSOPT
ACULAR PF	AVONEX	COZAAR	FLOVENT Diskus	LESCOL	NOVOLOG	RELPAX	ULTRASE
ADDERALL XR	AZASITE	CREON	FLOVENT HFA	LESCOL XL	NOVOLOG MIX	RENAGEL	ULTRAVATE
ADVAIR	AZELEX	DAYTRANA	FLOXIN	**LETAIRIS**	NUOX	RETIN-A MICRO	UROXATRAL
ADVICOR	AZMACORT	DEPAKOTE	FOCALIN	**LEVEMIR**	NUTROPIN	**REVATIO**	VALTREX
AEROBID	AZOPT	DEPAKOTE ER	FOCALIN XR	LIALDA	NUTROPIN AQ	RISPERDAL	VENTOLIN HFA
AEROBID-M	AZOR	DEPAKOTE SPRINKLE	**FORADIL**	LIDODERM	OPTIVAR	ROZEREM	VERAMYST
AGGRENOX	BENICAR	DESONATE	**FORTICAL**	LIPITOR	OVIDE	SAIZEN	*VESICARE*
ALAMAST	BENICAR-HCT	DETROL LA	FOSAMAX PLUS D	LIPRAM	OXYTROL	SANCTURA	VIGAMOX
ALINIA	BENZACLIN	DILANTIN	FOSRENOL	LOCOID	PANCREASE MT	SANCTURA XR	VIOKASE
ALREX	BETASERON	DIOVAN	FRAGMIN	LOVAZA	PATADAY	SEROQUEL	VOLTAREN
ANDRODERM	BETIMOL	DIOVAN-HCT	GABITRIL	LOVENOX	PATANASE	SIMCOR	*VYTORIN*
ANDROGEL	*BONIVA*	DIPENTUM	GENOTROPIN	LUMIGAN 2.5 ML	PATANOL	SINGULAIR	VYVANSE
ANTARA	BYETTA	DUETACT	GEODON	LUNESTA	PEGASYS	SPIRIVA	WELLBUTRIN XL
ARANESP	BYSTOLIC	DURAGESIC	GRIS-PEG	LUXIQ	PENTASA	STALEVO	XALATAN
ARICEPT	CADUET	DYGASE	**HELIDAC**	LYRICA	PHENYTEK	STARLIX	ZACLIR
ARICEPT ODT	CANASA	DYNACIRC CR	HUMIRA	*MAXAIR*	PHOSLO	STRATTERA	*ZEGERID*
ARIXTRA	CAPEX	EFFEXOR XR	HYZAAR	METADATE CD	PLAVIX	SUPRAX	
ASACOL	CARBATROL	ELESTAT	IMITREX	METHYLIN chew tabs	PRANDIN	SYMBICORT	
ASMANEX	CIMZIA	ELIDEL	**INNOPRAN XL**	METHYLIN solution	PREVACID	TARKA	
ASTELIN	CIPRODEX	**ELIPHOS**	IQUIX	MIACALCIN	PROAIR HFA	TEGRETOL XR	
ASTEPRO	CLEOCIN OVULES	ENABLEX	ISTALOL	MICARDIS	**PREVPAC**	TINDAMAX	
ATROVENT HFA	CLINAC BPO	ENBREL	JANUMET	MICARDIS-HCT	PRISTIQ	TOPAMAX	

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

Agents added as preferred to the PDL for 07/01/09 implementation are in **BOLD** and agents changed to non-preferred are in *ITALIC*.

Mississippi Division of Medicaid

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

The agents listed below are preferred products on the Antihistamine/Decongestants attachment to 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 07/01/09

ALA-HIST D	**DALLERGY**	**LODRANE 24**	**MYCI CHLORPED**	**NALDEX**	**POLY TAN**	**PYRLEX**	**XYZAL***
ALAHIST LQ	**DICEL**	**LODRANE 24D**	**MYCI CHLOR-TAN**	**PEDIATAN**	**POLY TAN D**	**PYRLEX PD**	**VAZOL**
					P-TEX	**SEMPREX-D**	

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

Agents added as preferred to the PDL for 07/01/09 implementation are in **BOLD** and agents changed to non-preferred are in *ITALIC*.