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 7/1/11

ABILIFY	AUGMENTIN XR	CONCERTA	FLECTOR	KINERET	NASONEX	PROGRAF	TOVIAZ
ACCOLATE	AVALIDE	COPAXONE	FLOMAX	**KOMBIGLYZE XR**	NEORAL	PROTOPIC	TOPAMAX Sprnk
~~ACTIGALL~~	AVANDARYL	CORTISPORIN-TC	FLOMAX	LAMICTAL ODT	NEVANAC	**PROVENTIL HFA**	TREACLEER
ACTONEL	AVAPRO	COSOPT	FLOVENT	LAMICTAL XR	NIACOR	PULMICORT Flexhaler	TRAVATAN
ACTONEL W/CALCIUM	AVELOX	COZAAR	FLOXIN	LANTUS	NIASPAN	PULMICORT Respules	TRAVATAN Z
ACTOS	AVODART	CREON	FML FORTE	**LATUDA**	NOVOLIN	QVAR	TREXIMET
ACTOSPLUS MET	AVONEX	**CRESTOR**	FML SOP	LESCOL	NOVOLOG	RELPAX	TRICOR
~~ACTOSPLUS MET XR~~	AZASAN	DAYTRANA	FOCALIN	LESCOL XL	NOVOLOG MIX	RENAGEL	TRILEPTAL Susp
ADCIRCA	AZASITE	**DENAVIR Oint.**	FOCALIN XR	LETAIRIS	NUOX	~~RENVELA~~	TRILIPIX
ADDERALL XR	AZELEX	DEPAKOTE ER	FORADIL	LEVEMIR	NUTROPIN	RETIN-A MICRO	TRUSPOT
ADVAIR	AZOPT	DEPAKOTE SPRINKLE	FORTICAL	LIDODERM	NUTROPIN AQ	REVATIO	ULTRAVATE
AEROBID	AZOR	DESONATE	FOSAMAX PLUS D	LIPITOR	ONGLYZA	SCANDISHAKE	~~URSO~~
AEROBID-M	**BECONASE AQ**	DETROL LA	FRAGMIN	LOTEMAX	OPTIVAR	SANDIMMUNE	~~URSO FORTE~~
AGGRENOX	BENICAR	DILANTIN	GABITRIL	LOTREL	PANDEL	~~STARLIX~~	UROXATRAL
ALINIA	BENICAR-HCT	DIOVAN	GELNIQUE	LOVAZA	PANOXYL	SAPHRIS	VANDAZOLE
ALREX	BENZACLIN	DIOVAN-HCT	GENGRAF	LOVENOX	PATADAY	SAVELLA	VENTOLIN HFA
~~ALTABAX~~	BETASERON	DIPENTUM	**GENOTROPIN**	LUNESTA	PATANASE	SEROQUEL	VERAMYST
ANDRODERM	BETIMOL	DUETACT	GEODON	LUVOX CR	PATANOL	SEROQUEL XR	VEXOL
ANDROGEL	BYETTA	DULERA	GRIS-PEG	LUXIQ	PEGASYS	**sfROWASA**	VIGAMOX
ANTARA	BYSTOLIC	DURAGESIC	HELIDAC	LYRICA	PENTASA	SINGULAIR	VIOKASE
APRISO	CADUET	DYNACIRC CR	HUMIRA	MAXIDEX	PHENYTEK	TEGRETOL XR	VOLTAREN Gel
~~ARANESP~~	CANASA	ELESTAT	HYZAAR	METADATE CD	PHOSLO	SPIRIVA	VYVANSE
ARICEPT	CAPEX	ELIDEL	IBUDONE	METHYLIN chew tabs	PLAVIX	~~STALEVO~~	WELLBUTRIN XL
ARICEPT ODT	CARBATROL	ELIPHOS	INOVA	METHYLIN solution	PRANDIN	~~STARLIX~~	XALATAN
~~ARIXTRA~~	CELLCEPT	~~ENABLEX~~	INTUNIV	MIACALCIN	POLY-PRED	STRATTERA	ZACLIR
ASACOL	CETRAXAL	ENBREL	IQUIX	MICARDIS	**PRADAXA**	SUPRAX	ZENPEP
~~ASACOL HD~~	CIPRODEX	EQUETRO	ISTALOL	MICARDIS-HCT	PRED-G	SYMBICORT	ZORTRESS
ASMANEX	CLEOCIN OVULES	EURAX	JALYN	MOBAN	PREVACID SOLUTAB	TARKA	**ZOVIRAX Oint.**
~~ASTEPRO~~	CLINAC BPO	EXELON	JANUMET	MYFORTIC	PREVPAC	TEGRETOL XR	ZYLET
ATROVENT HFA	COLCRYS	EXFORGE	JANUVIA	NAFTIN	RAPAMUNE	TINDAMAX	
AUGMENTIN 125 SUSP	COLY-MYCIN S	EXFORGE HCT	KADIAN	NAMENDA	REBIF	TEGRETOL XR	
AUGMENTIN 250 SUSP	COMBIGAN	FANAPT	**KAPVAY**	**NASACORT AQ**	PRISTIQ	TOBRADEX	
AUGMENTIN CHEWABLE	COMBIVENT	FLAREX	DEXILANT (KAPIDEX)	NASAREL	PROCRIT	TOBREX Oint.	

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

Agents added as preferred to the PDL for 1/1/11 implementation are in **BOLD.**

Mississippi Division of Medicaid

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

preferred products on the

List Effective 07/01/11

SEMPREX-D XYZAL*