

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

*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**.

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

*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**.