STATE OF MISSISSIPPI

OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID
Dr. Robert L. Robinson
Executive Director

PROVIDER NOTICE

To: Medicaid Providers

Subject: Preferred Drug List Changes

Date: November 30, 2009

As a result of medication reviews by the Division of Medicaid's Pharmacy and Therapeutics Committee, the following changes will be made to DOM's Preferred Drug List ***effective January 1, 2010.*** Generic products are listed in lower case. For a comprehensive Preferred Drug List, refer to our website at www.medicaid.ms.gov , select Pharmacy services, go to menu on right hand side of page, and select PDL. This list is subject to change.

NEW CLASS ADDITIONS TO PREFERRED DRUG LIST, EFFECTIVE JANUARY 1, 2010

Drug class	PDL Additions	Selected for Non-Preferred Status
Anti-hyperuremics	allopurinol, colchicine, probenecid, probenecid/colchicine	Colcrys™, Uloric®
Fibromyalgia agents	Lyrica®, Savella®	Cymbalta®
Nutritional, caloric agents (*all nutritional supplements continue to require prior authorization; non-preferred agents require additional medical justification)*	Boost, Bright Beginnings, Carnation Instant Breakfast, Duocal, Ensure, Juven, Nutren, Osmolite, Pediasure, Polycose, Promod, Resource, Twocal HN	Compleat, EO28 Splash, Fibersource, Isosource, Jevity, Kindercal, Peptamen, Promote, Tolerex, Vital
Tetracyclines	doxycycline, minocycline, tetracycline	Adoxa CK®, Adoxa TT®, demeclocycline, minocycline ER, Nutridox™, Oracea®, Solodyn®

PREFERRED DRUG LIST CHANGES, EFFECTIVE JANUARY 1, 2010

Drug class	PDL Additions	PDL Removals
Acne Agents (*limited to up to 21 years of age)*	benzoyl peroxide OTC, Inova®, Panoxyl®	clindamycin/benzoyl peroxide, erythromycin-benzoyl peroxide, sodium sulfa/sulfur/meratan, sulfacetamide
Alzheimers Agents		Exelon® oral, transdermal, solution
Analgesics, Narcotics Short		butabital compound w/ codeine, pentazocine/naloxone, propoxyphene
Antibiotics, vaginal	Vandazole™	
Anticonvulsants	Lamictal ODT®, Lamictal XR®	Sabril®
Antidepressants, Other		tranylcypromine sulfate
Antidepressants, SSRIs	Lexapro® ***(limited to 12-17 yr olds),*** Luvox CR®	
Antifungals, Topicals	ciclopirox cr/susp/gel	Bensal HP®, ciclopirox sol, ketoconazole
Antiparastics, topical		Ovide®
Antipsychotics (*category revised to include conventional and atypical agents*)	amitripytline /perphenazine, chlorpromaxine, fluphenazine, haloperidol, Moban®, perphenazine, Saphris®, Seroquel® XR, thioridazine, thiothixene, trifuloperazine	GeodonIM ®, Invega Sustenna™, Risperdal Consta®, Zyprexa IM ®
Antiviral, oral		famciclovir
Bladder Relaxant Preparations		Gelnique®
Celphalasporin and Related Antibiotics		cefdinir ***(suspension only will continue to be preferred for up to 18 years)***
Fluoroquinolones, oral		Proquin ®XR
Hypoglycemices, incretin mimetic/enhancers	Onglyza®	
Lipotropics, other		Fibricor™
Multiple Sclerosis Agents	Extavia®	
NSAIDs		nabumetone, tolmetin
Ophthalmics, anti-inflammatory	dexamethasone, diclofenac, Flarex®, fluorometholone, FML Forte®, FML SOP®, Lotemax®, Maxidex®, PredMild®, Vexol®	Acular® LS, Acular® PF, Durezol®
Ophthalmics for Allergic Conjunctivitis	Emadine®, ketotifen otc	Bepreve®
Ophthalmics, antibiotics	bacitracin, bacitracin/polymyxin, gentamycin, neomycin/ polymyxin/ gramicidin, polymyxin/trimethoprim, sulfacetamide, tobramycin, Tobrex® ointment, triple antibiotic	Besivance®, Natacyn®
Ophthalmics, glaucoma agents		Lumigan® 2.5 ml
Otic, antibiotics	Cetraxal®, Coly-Mycin-S®, Cotrisporin-TC®, neomycin/polymyxin/hc	
PAH Agents, oral		Adcirca®
Platelet Aggregation Inhibitors		Effident®
Sedative hypnotics		Edular®
Skeletal Muscle Relaxants		orphenadrine, orphenadrine compound
Steroids, Topical	Halog®, Momexin®	alclometasone dipropionate, betamethasone dipropionate, Desonate®, Cordran®, Ultravate®
Stimulants and related agents ***(prior authorization required for over 21 years of age)***	Intuinv®	Strattera® amphetamine sulfate ER, dextroampahetamine ER