# Mississippi Division Of Medicaid
# Preferred Drug List Changes
## P&T Meeting Date: May 13, 2014
## PDL Changes Effective Date: July 1, 2014

The following changes will be made to the Preferred Drug List (PDL), effective July 1, 2014, pending recommendation and/or approval by the P&T Committee, DOM, and DOM's Executive Director.

For a comprehensive PDL, refer to http://www.medicaid.ms.gov/Pharmacy.aspx.

| NEW PREFERRED DRUGS | |
|---|---|
| **THERAPEUTIC CLASS** | **RECOMMENDED for PREFERRED STATUS** |
| ANTI-ACNE AGENTS | Amnesteem |
| ANTI-ACNE AGENTS | Claravis |
| ANTI-ACNE AGENTS | ERYGEL (erythromycin) |
| ANTI-ACNE AGENTS | Myorisan |
| ANTI-ACNE AGENTS | tretinoin gel |
| ANTI-ACNE AGENTS | Zenatane |
| ANTICONVULSANTS | levetiracetam ER |
| ANTICONVULSANTS | topiramate capsule |
| ANTINEOPLASTICS | IMBRUVICA (ibrutnib) |
| CYTOKINE & CAM ANTAGONISTS | methotrexate |
| GLUCOCORTICOIDS, INHALED | AEROSPAN (flunisolide) |
| GI ULCER THERAPIES | cimetidine |
| GI ULCER THERAPIES | famotidine tablet |
| GI ULCER THERAPIES | lansoprazole Rx |
| GI ULCER THERAPIES | misoprostol |
| GI ULCER THERAPIES | omeprazole Rx |
| GI ULCER THERAPIES | pantoprazole |
| GI ULCER THERAPIES | ranitidine syrup |
| GI ULCER THERAPIES | ranitidine tablet |
| GI ULCER THERAPIES | sucralfate tablet |
| HEPATITIS TREATMENTS | SOVALDI (sofosbuvir) |
| HYPOGLYCEMICS, TZDS | pioglitazone/metfomin |

| NEW NON-PREFERRED DRUGS | |
|---|---|
| **THERAPEUTIC CLASS** | **RECOMMENDED for NON-PREFERRED STATUS** |
| ANALGESICS, NARCOTIC – LONG ACTING | ZOHYDRO ER (hydrocodone bitartrate) |
| ANTI-ACNE AGENTS | ABSORICA (isotretinoin) |
| ANTI-ACNE AGENTS | sodium sulfacetamide/sulfer lotion/suspension/cleanser |
| ANTICONVULSANTS | APTIOM (eslicarbazepine) |
| ANTICONVULSANTS | DILANTIN (phenytoin) |
| ANTICONVULSANTS | TOPAMAX SPRINKLE (topiramate) |
| BRONCHODILATORS, BETA AGONIST | ANORO ELLIPTA (umeclidinium/vilanterol) |
| CYTOKINE & CAM ANTAGONISTS | OTREXUP (methotrexate) |

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|---|---|
| **THERAPEUTIC CLASS** | **RECOMMENDED for NON-PREFERRED STATUS** |
| CYTOKINE & CAM ANTAGONISTS | RHEUMATREX (methotrexate) |
| CYTOKINE & CAM ANTAGONISTS | TREXALL (methotrexate) |
| GI ULCER THERAPIES | ACIPHEX SPRINKLE (rabeprazole) |
| GI ULCER THERAPIES | AXID (nizatidine) |
| GI ULCER THERAPIES | CARAFATE TABLET (sucralfate) |
| GI ULCER THERAPIES | CYTOTEC (misoprostol) |
| GI ULCER THERAPIES | DEXILANT (dexlansoprazole) |
| GI ULCER THERAPIES | famotidine suspension |
| GI ULCER THERAPIES | nizatidine |
| GI ULCER THERAPIES | PEPCID (famotidine) |
| GI ULCER THERAPIES | ranitidine capsule |
| GI ULCER THERAPIES | ZANTAC (ranitidine) |
| HYPOGLYCEMICS | FARXIGA (dapaglifozin) |
| PHOSPHATE BINDERS | VELPHORO (sucroferric oxyhydronxide) |

| NEW THERAPEUTIC CLASSES/DRUGS | |
|---|---|
| **NEW THERAPEUTIC CLASS** | **RECOMMENDED for PREFERRED STATUS** |
| AROMATASE INHIBITORS | anastrozole |
| AROMATASE INHIBITORS | ARIMIDEX (anastrozole) |
| AROMATASE INHIBITORS | exemestane |
| AROMATASE INHIBITORS | letrozole |

| NEW THERAPEUTIC CLASSES/DRUGS | |
|---|---|
| **NEW THERAPEUTIC CLASS** | **RECOMMENDED for Non-PREFERRED STATUS** |
| AROMATASE INHIBITORS | AROMASIN (exemestane) |
| AROMATASE INHIBITORS | FEMARA (letrozole) |
| PSEUDOBULBAR AFFECT AGENTS | *NUEDEXTA (dextromethorphan/quinidine)* |

***For changes in red italics, existing users as of 6-30-14 will be grandfathered***