



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, 2010

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, 2011*. 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, 2011

Drug class	PDL Additions	Selected for Non-Preferred Status
Bile salts	Actigall®; Urso®; Urso Forte®; ursodiol	Chenodal™
Immunosuppressives (orals)	Azasan®; azathioprine; Cellcept®; cyclosporine; cyclosporine modified; Gengraf®; mycophenolate mofetil; Myfortic®; Neoral ®; Prograf®; Rapamune®; Sandimmune®; tacrolimus; Zortress®	
Ophthalmic Antibiotic- Steroid combinations	neomycin/bacitracin/polymixin/HC; neomycin/polymixin/dexamethasone; neomycin/polymixin/H C; Poly-Pred®; Pred- G®; sulfacetamide/prednisolone; Tobradex ®ointment and solution; tobramycin/dexamethasone; Zylet®	

PREFERRED DRUG LIST CHANGES, EFFECTIVE JANUARY 1, 2011

Drug class	PDL Additions	Selected for Non-Preferred status
Acne Agents, topical		Tretin-X™, Veltin™
Analgesics-Anesthetics, topical		Pennsaid®
Analgesics, narcotics LA		Exalgo™
Analgesics, narcotics SA		propoxyphene/APAP
Antidepressants		Effexor XR®; Marplan®
Antiemetics		Zuplenz®
Anti-hyperuremics	Colcrys™	
Anti-migraine Agents		Cambia™; Imitrex® oral/nasal/SQ
Antiparkinsons agents		Mirapex ER®
Antipsychotics	Fanapt®	
Antiviral		Valtrex®
Bone Resorption Suppression		Prolia (SQ)™
BPH Treatments	Jalyn ®	
Cytokine and Cam Antagonists		Cimzia®
Glucocorticoids, Inhaled	Dulera®	
Hypoglycemics, TZDs		Avandia®
Hycoglycemics, TZD combo agents		Avandamet®, Avandaryl®
Lipotropics, Statins		Livalo ®
NSAIDS		Vimovo™
Nutritional, oral caloric agents <i>Effective January 1, 2011, claims for nutritional products will process same manner as preferred/non-preferred agents. Same exclusions (LTC, must be sole source of nutrition for adults, and must exhaust WIC, if applicable) apply.</i>	Glucerna®; Nutritional supplement; Scandishake®	Peptamen®; Vivonex®
Ophthalmics for Allergic Conjunctivitis		azelastine
Steroids, Topical	Pandel®	fluticasone propionate (topical); Locoid Lipocream®; Momexin®
Stimulants and related agents <i>(prior authorization required for over 21 years of age)</i>	Strattera®	