Mississippi Division Of Medicaid
Preferred Drug List Changes
P&T Meeting Date: October 21, 2014
PDL Changes Effective Date: January 1, 2015

The following changes will be made to the Preferred Drug List (PDL), effective January 1, 2015, 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/providers/pharmacy/preferred-drug-list/.

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for PREFERRED STATUS**
ANDROGENIC AGENTS	ANDROGEL (testosterone gel)
ANTICONVULSANTS	TOPAMAX Sprinkle (topiramate)
ANTICONVULSANTS	DILANTIN (phenytoin)
ANTIDEPRESSANTS, OTHER	BRINTELLIX (vortioxetine)
ANTIDEPRESSANTS, OTHER	venlafaxine ER capsules
ANTIDEPRESSANTS, OTHER	VIIBRYD (vilazodone)
ANTIMIGRAINE AGENTS, TRIPTANS injectable	IMITREX Injection (sumatriptan)
ANTIPARASITICS (Topical)	ULESFIA (benzyl alcohol)
ANTIPARASITICS (TOPICAL)	STROMECTOL (ivermectin)
ANTIPSYCHOTICS	GEODON (ziprasidone)
ANTIPSYCHOTICS	ZYPREXA (olanzapine)
BETA BLOCKERS	nadolol
BPH AGENTS	FLOMAX (tamsulosin)
CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL)	cefpodoxime
GI ULCER THERAPIES	NEXIUM oral and granules (esomeprazole)
GI ULCER THERAPIES	PEPCID (famotidine)
GI ULCER THERAPIES	ZANTAC (ranitidine)
GROWTH HORMONE	OMNITROPE (somatropin)
H.PYLORI COMBINATION TREATMENTS	PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline
HEPATITIS C TREATMENTS	ribavirin tablets
PANCREATIC ENZYMES	PANCRELIPASE
PHOSPHATE BINDERS	PHOSLYRA (calcium acetate)
PLATELET AGGREGATION INHIBITORS	PLAVIX (clopidogrel)
PRENATAL VITAMINS	VOL-TAB Rx
STERIODS (Topical)	CLOBEX (clobetasol)
STERIODS (Topical)	TEMOVATE (clobetasol propionate)
STERIODS (Topical)	ULTRAVATE (halobetasol)
STIMULANTS AND RELATED AGENTS	methylphenidate ER (generic Concerta)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for NON-PREFERRED STATUS**
ACNE AGENTS	AZELEX (azeliac acid)
ACNE AGENTS	ERYGEL (erythromycin)

Mississippi Division Of Medicaid
Preferred Drug List Changes
P&T Meeting Date: October 21, 2014
PDL Changes Effective Date: January 1, 2015

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for NON-PREFERRED STATUS**
ACNE AGENTS	TAZORAC (tazarotene)
ACNE AGENTS	tretinoin
ACNE AGENTS	DUAC (benzoyl peroxide/clindamycin)
ALZHEIMER'S AGENTS	***ARICEPT 23 MG (donepezil)***
ALZHEIMER'S AGENTS	***donepezil 23mg***
ANDROGENIC AGENTS	STRIANT (testosterone)
ANDROGENIC AGENTS	VOGELXO (testosterone)
ANGIOTENSIN MODULATORS	BENICAR (olmesartan)
ANGIOTENSIN MODULATORS	irbesartan
ANGIOTENSIN MODULATORS	BENICAR-HCT (olmesartan/HCTZ)
ANGIOTENSIN MODULATORS	irbesartan/HCTZ
ANTICONVULSANTS	levetiracetam ER
ANTICONVULSANTS	topiramate capsule
ANTIDEPRESSANTS, OTHER	***PRISTIQ (desvenlafaxine)***
ANTIDEPRESSANTS, OTHER	venlafaxine ER tablets
ANTIDEPRESSANTS, OTHER	WELLBUTRIN XL (bupropion HCI)
ANTIDEPRESSANTS, SSRIs	***PAXIL SUPENSION***
ANTIMIGRAINE AGENTS, TRIPTANS oral	sumatriptan tablets
ANTIMIGRAINE AGENTS, TRIPTANS injectable	sumatriptan injection
ANTIPARASITICS (Topical)	NATROBA (spinosad)
ANTIPARASITICS (TOPICAL)	SKLICE (ivermectin)
ANITPARKINSON'S AGENTS (Oral)	pramipexole
ANTIPSYCHOTICS	***LATUDA (lurasidone)***
ANTIPSYCHOTICS	olanzapine
ANTIPSYCHOTICS	ziprasidone
BETA BLOCKERS	***RANEXA (ranolazine)***
BLADDER RELAXANT PREPARATIONS	VESICARE (solifenacin)
BPH AGENTS	alfuzosin
BPH AGENTS	tamsulosin
BPH AGENTS	AVODART (dutasteride)
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	cephalexin tablets
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	cefaclor ER
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	SUPRAX (cefixime)
CYTOKINE & CAM ANTAGONISTS	ENTYVIO (vedolizumab)
CYTOKINE & CAM ANTAGONISTS	SIMPONI (golimumab)
ERYTHROPOIESIS STIMULATING PROTEINS	***ARANESP (darbepoetin)***
GLUCOCORTICOIDS (Inhaled)	AEROSPAN (flunisolide)
GLUCOCORTICOIDS (Inhaled)	ALVESCO (ciclesonide)
GLUCOCORTICOIDS (Inhaled)	FLOVENT Diskus (fluticasone)
GLUCOCORTICOIDS (Inhaled)	FLOVENT HFA (fluticasone)

Mississippi Division Of Medicaid
Preferred Drug List Changes
P&T Meeting Date: October 21, 2014
PDL Changes Effective Date: January 1, 2015

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for NON-PREFERRED STATUS**
GI ULCER THERAPIES	lansoprazole Rx
GI ULCER THERAPIES	pantoprazole
GROWTH HORMONE	***GENOTROPIN (somatropin)***
GROWTH HORMONE	***NUTROPIN AQ (somatropin)***
H.PYLORI COMBINATION TREATMENTS	HELIDAC (bismuth subsalicylate, metronidazole, tetracycline)
H.PYLORI COMBINATION TREATMENTS	PREVPAC (lansoprazole, amoxicillin, clarithromycin)
HEPATITIS C TREATMENTS	RIBAPAK DOSEPAK (ribavirin)
HYPOGLYCEMICS, TZDS	pioglitazone/metformin
INTRANASAL RHINITIS AGENTS	fluticasone
INTRANASAL RHINITIS AGENTS	NASONEX (mometasone)
OPHTHALMIC ANTI-INFLAMMATORIES	ILEVRO (nepafenac)
OPHTHALMIC ANTI-INFLAMMATORIES	NEVANAC (nepafenac)
PLATELET AGGREGATION INHIBITORS	clopidogrel
PRENATAL VITAMINS	PAIRE OB PLUS DHA COMBO PACK
PULMONARY ANTIHYPERTENSIVES-PDE5s	***ADCIRCA (tadalafil)***
STERIODS (Topical)	fluocinonide
STERIODS (Topical)	clobetasol emollient
STERIODS (Topical)	clobetasol propionate cr, gel, oint, sol
STERIODS (Topical)	halobetasol
ULCERATIVE COLITIS and CROHN's AGENTS	***budesonide EC***
ULCERATIVE COLITIS and CROHN's AGENTS	***ENTOCORT EC (budesonide)***

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	**RECOMMENDED for PREFERRED STATUS**
N/A	

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	**RECOMMENDED for Non-PREFERRED STATUS**
N/A	

For changes in red italics, existing users as of 12-31-14 will be grandfathered