Mississippi Division Of Medicaid
Preferred Drug List Changes
P&T Meeting Date: August 11, 2015
PDL Changes Effective Date: October 1, 2015

The following changes will be made to the Preferred Drug List (PDL), effective October 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**
ALZHEIMER'S AGENTS	donepezil (Tablets and ODT)
ALZHEIMER'S AGENTS	galantamine
ALZHEIMER'S AGENTS	rivastigmine
ANALGESICS, NARCOTIC – LONG ACTING	EMBEDA (morphine/naltrexone)
CYSTIC FIBROSIS AGENTS	KITABIS (tobramycin)
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	TANZEUM (albiglutide)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for NON-PREFERRED STATUS**
ALZHEIMER'S AGENTS	EXELON Capsules (rivastigmine)
ALZHEIMER'S AGENTS	NAMZARIC (memantine/donepezil)
ANDROGENIC AGENTS	NATESTO (testosterone gel)
ANTIBIOTICS (VAGINAL)	NUVESSA (metronidazole)
ANTIFUNGALS (ORAL)	CRESEMBA (isvuconazonium)
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	FARYDAK (panobinostat)
BRONCHODILATORS & COPD AGENTS	INCRUSE ELLIPTA (umeclidinium)
BRONCHODILATORS & COPD AGENTS	SPIRIVA RESPIMAT (tiotropium)
BRONCHODILATORS, BETA AGONIST	PROAIR HFA (albuterol)
BRONCHODILATORS, BETA AGONIST	PROAIR RESPICLICK
GLUCOCORTICOIDS (INHALED)	ARNUITY ELLIPTA (fluticasone)
GLUCOCORTICOIDS (INHALED)	ASMANEX HFA (mometasone)
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	NOVOLIN VIAL (insulin)
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	TOUJEO (insulin glargine)
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	OPTIVAR (azelastine)
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	PATANOL (olopatadine)
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	PAZEO (olopatadine)
PARATHYROID AGENTS	NATPARA (parathyroid hormone)
PHOSPHATE BINDERS	AURYXIA (ferric citrate)

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NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	**RECOMMENDED for PREFERRED STATUS**
ALPHA 1 PROTENINASE INHIBITORS	ARALAST NP
ALPHA 1 PROTENINASE INHIBITORS	GLASSIA
ALPHA 1 PROTENINASE INHIBITORS	PROLASTIN C
ALPHA 1 PROTENINASE INHIBITORS	ZEMAIRA
HEMOPHILIA FACTOR	ADAVATE
HEMOPHILIA FACTOR	ALPHANATE
HEMOPHILIA FACTOR	ALPHANINE SD
HEMOPHILIA FACTOR	BENEFIX
HEMOPHILIA FACTOR	HELIXATE FS
HEMOPHILIA FACTOR	HEMOFILM
HEMOPHILIA FACTOR	HUMATE-P
HEMOPHILIA FACTOR	KOATE-DVI
HEMOPHILIA FACTOR	MONOCLATE-P
HEMOPHILIA FACTOR	MONONINE
HEMOPHILIA FACTOR	NOVOEIGHT
HEMOPHILIA FACTOR	OBIZUR
HEMOPHILIA FACTOR	RECOMBINATE
HEMOPHILIA FACTOR	RIBUXIS
HEMOPHILIA FACTOR	WILATE
HEMOPHILIA FACTOR	XYNTHA
HEMOPHILIA FACTOR	XYNTHA SOLOFUSE

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	**RECOMMENDED for Non-PREFERRED STATUS**
HEMOPHILIA FACTOR	***ALPROLIX***
HEMOPHILIA FACTOR	***ELOCTATE***

For changes in red italics, only considered non-preferred for plaque psoriasis (product is preferred for all other indications); existing users will be grandfathered though September 30, 2015

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