Mississippi Division Of Medicaid
Preferred Drug List Changes
P&T Meeting Date: February 9, 2016
PDL Changes Effective Date: April 1, 2016

The following changes will be made to the Preferred Drug List (PDL), effective April 1, 2016, 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**
Antiretrovirals	GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for NON-PREFERRED STATUS**
Antimigraine Agents, Triptans	ZECUITY PATCH (sumatriptan)
Antipsychotics	ARISTADA ER (aripiprazole lauroxil)
Beta Blockers, Antianginals & Sinus Node Agents	CORLANOR (ivabradine)
Colony Stimulating Factors	ZARXIO (filgrastim)
Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors	SYNJARDY (empagliflozin/metformin)
Lipotropics, Other (Non-statins)	REPATHA (evolocumab)

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	**RECOMMENDED for PREFERRED STATUS**
Iron Chelating Agents	EXJADE (deferasirox)
Iron Chelating Agents	FERRIPROX (deferiprone)

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	**RECOMMENDED for Non-PREFERRED STATUS**
Iron Chelating Agents	JADENU (deferasirox)