

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Ginnie McCardle, Spec. Proj. Officer
Robert E. Lee Building
239 N. Lamar Street
Suite 801
Jackson, MS 39201-1399
(601) 359-6310
http://www.dom.state.ms.us

Specific Legal Authority authorizing the promulgation of
Rule: Miss. Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule :
Preferred Drug List (PDL) Effective January 1, 2007

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

AP2006-66 Update to the Preferred Drug List (PDL)

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

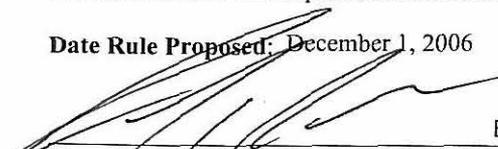
The agency has determined that an economic impact statement is not required for this rule, or

The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: December 1, 2006

Proposed Effective Date of Rule: January 1, 2006


Executive Director
Signature and Title of Person Submitting Rule for Filing

MISSISSIPPI DIVISION OF MEDICAID
PREFERRED DRUG LIST



The agents listed below are preferred products on the Mississippi Medicaid Preferred Drug List (PDL). The preferred drug list is a medication list recommended to the Division of Medicaid by the Pharmacy and Therapeutics Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for their efficaciousness, clinical significance, cost effectiveness and safety for Medicaid beneficiaries.

Most generic agents are preferred, do not require prior authorization, and are not individually listed below. Unless otherwise specified, the listing of a particular brand or generic name includes all dosage forms of that drug. For more information concerning the PDL including non-preferred agents, the OTC formulary and other specifics please visit our website at www.dom.state.ms.us.

List Effective 1-1-2007

ALLERGY

Antihistamines &

Antihistamine

Decongestant Combos.

First Generation

Pediatex™, Pediatex™ D

Pediatex™ 12 & 12 D

Vazol™, Vazol™ D

Second Generation

Astelin Nasal Spray®

Clarinet®

Loratadine

Zyrtec®

ANALGESICS

Cox- 2

None

NSAIDS

Generics only

Narcotics

Avinza®

Kadian®

ANTIBIOTICS (Oral)

Cephalosporins

Omnicef®

Suprax® Suspension

Macrolides

Biaxin XL®

Zithromax® Suspension

Miscellaneous

Cleocin Ped.Soln®

Penicillins

Generics only

Penicillin Combinations

Augmentin (versions not available generically)

Quinolones

Avelox®

Sulfonamides

Gantrisin® Susp

Tetracyclines

Generics only

ANTIBIOTICS (OTIC)

Ciprodex®

Floxin®

ANTICOAGULANTS-

INJECTABLE

Arixtra™

Lovenox®

ANTIFUNGALS (Oral)

Grifulvin V®

Gris-PEG®

Lamisil®

ANTIPROTOZOAL

Alinia®

ANTIVIRAL

Copegus® Tabs

Hepsera®

Rebetol® Syrup

Valcyte®

Valtrex®

BPH AGENTS

Avodart®

Flomax®

Uroxatral®

CARDIOVASCULAR

ACE Inhibitors

Altace®

ACE Inhibitor/Diuretics

Generics Only

ACEI/CCB Combinations

Lexxel®

Lotrel®

Tarka®

ARBs&Combinations

Avapro®, Avalide®

Diovan®, Diovan HCT

Beta-Blockers

Coreg®

Toprol XL®

Beta-Blocker/Diuretics

Generics Only

Calcium Channel

Blockers

Norvasc®

CCB/Antihyperlipidemic

Caduet®

Diuretics& Aldosterone

Receptor Antagonists

Generics Only

Platelet Aggregation

Inhibitors

Aggrenox™

clopidogrel

CENTRAL NERVOUS

SYSTEM AGENTS

ADHD

Adderall®-XR

Concerta™

Focalin™ XR

Metadate® CD

Strattera®

Alzheimer's Agents

Aricept®

Exelon®

Namenda®

Anti-anxiety

Generics only

Anticonvulsants

Carbatrol®

Depakote®/Depakote®ER

Dilantin®

Equetro™

Gabril®

Keppra®

Lamictal®

Lyrica®

Trileptal®

Topamax®

Tegretol®XR

Antidepressants

Effexor XR®

Wellbutrin XL®

Antipsychotics

Geodon®

Risperdal®

Symbyax™

Zyprexa®

Sedative/Hypnotics

Ambien® CR

Lunesta™

Rozerem™

Skeletal Muscle

Relaxants

Generics only

5-HT3 Receptor

Antagonists

Zofran®

DIABETES

Incretin Mimetics

Byetta™

INSULINS

ALL Novo Nordisk

products

Lantus® (Vial)

Oral Agents

Actos®

ACTOplus met™

Avandamet®

Avandaryl™

Avandia®

Prandin®

Starlix®

DIGESTIVE HEALTH

AGENTS

Asacol®

Canasa®

Dipentum®

Entocort EC®

Pentasa®

DISEASE-SPECIFIC

IMMUNOSUPPRES-

SANTS

Enbrel®

Humira®

Raptiva®

ELECTROLYTE

DEPLETERS

Magnebind® Rx

Renagel®

ESTROGENS-

PROGESTINS

Premarin®

Premphase®

Prempro®

GASTRO-INTEST.

AGENTS

H-2 Blockers

Axid® Solution

Zantac® Syrup

PPIs

Prevacid®

Zegerid®

Misc.

Zelnorm®

GROWTH HORMONES

Genotropin®

Nutropin®/Nutropin®AQ

Norditropin®

Saizen®

Serostim®

Tev-Tropin™

G-U RELAXANTS

Enablex®

HEMATOPOIETIC

Aranesp®

Procrit®

LAXATIVES(Rx)

Generics Only

LIPIDS

Advicor®

Crestor®

Lipitor®

Niaspan®

Tricor®

Vytorin®

Zetia®

MIGRAINE

Imitrex®

Maxalt®

OSTEOPOROSIS

Boniva®

Evista®

Fosamax®

Miacalcin®

RESPIRATORY

AGENTS

Advair®

Asmanex®

Azmacort®

MISSISSIPPI DIVISION OF MEDICAID
PREFERRED DRUG LIST



Combivent®
Intal ® Aerosol Inhaler
Pulmicort Respules®
Serevent Diskus®
Singulair®
Spiriva®
Tilade®
QVAR®
Xopenex HFA™
Xopenex® Inhalation Sol.
Smooth Muscle
Relaxants&Combinations
Generics Only
Nasal Corticosteroids
Flonase®
Nasonex®
THYROID/ANTI-
THYROID AGENTS
All Brands & Generics
TOPICAL AGENTS
Acne Preparations (Under
Age 21 only)
BenzaClin®
Benzamycin® Pak
Duac™
Evoclin™
Klaron®
NuOx
Suphera™
Tazorac®
Zaclir
Anti-inflammatory Agents
Locoid Lipocream®
Antibacterial Agents
MetroGel® Vaginal
Antifungals
Naftin®
Antipruritic
None
Antiviral
None
Miscellaneous-Skin and
Mucous Membrane
Agents
Aldara®
Elidel ®