

NOTICE OF RULE ADOPTION—FINAL RULE

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Reference to Rules repealed, amended or suspended by the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

Date Rule Proposed:

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

AP 2006-66 Update to the Preferred Drug List (PDL)

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:

Time:

Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

This rule as adopted is without variance from the proposed rule.

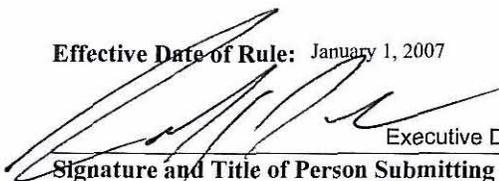
This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:

Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

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

Effective Date of Rule: January 1, 2007



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
Pediatrix™, Pediatrix™ D
Pediatrix™ 12 & 12 D
Vazol™, Vazol™ D
Second Generation
Astellin 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™

Gabitril®

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®