NOTICE OF RULE ADOPTION—FINAL RULE

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Ginnie McCardle, Staff Officer
Walter Sillers Building
550 High Street
Suite 1000
Jackson, MS 39201-1399
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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Reference to Rules repealed, amended or suspended by the Proposed Rule :
PDL (Preferred Drug List)

Date Rule Proposed: June 4, 2008

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:
AP2008-32 This administrative policy amendment is being to update the Division of Medicaid's Preferred Drug List. This becomes effective July 1, 2008.

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: July 1, 2008

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 PDL is a medication list recommended to the Division of Medicaid by the Pharmacy and Therapeutics (P&T) Committee and approved by the Executive Director of the Division of Medicaid. These drugs have been selected for the efficaciousness, clinical significance, cost effectivness 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 ~~4/1/08~~ 7/1/08

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
ACNE AGENTS, TOPICAL (Covered only for patients under 21 years of age)	BENZACLIN DUAC EVOCLIN NUOX SUPHERA TAZORAC ZACLIR
~~ALDOSTERONE RECEPTOR ANTAGONISTS~~	~~generics only~~
ALZHEIMER'S AGENTS	ARICEPT ARICEPT ODT EXELON Oral EXELON Patches NAMENDA
ANALGESICS, NARCOTIC - SHORT-ACTING (Non-parenteral)	generics only
ANALGESICS, NARCOTIC - LONG-ACTING	AVINZA KADIAN
ANALGESICS, TOPICAL	none
ANGIOTENSIN MODULATORS	ACEON AVALIDE AVAPRO BENICAR BENICAR-HCT COZAAR HYZAAR DIOVAN DIOVAN-HCT MICARDIS MICARDIS-HCT
ANGIOTENSIN MODULATOR / CALCIUM CHANNEL BLOCKER COMBINATIONS	AZOR EXFORGE LEXXEL TARKA
ANTIBIOTICS, GI	ALINIA
ANTIBIOTICS, MISCELLANEOUS	CLEOCIN Pediatric Solution
ANTIBIOTICS, TOPICAL	generics only

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
ANTIBIOTICS, VAGINAL	CLINDAMAX CLINDESSE
ANTICOAGULANTS, INJECTABLE	ARIXTRA FRAGMIN LOVENOX
ANTICONVULSANTS	CARBATROL DEPAKOTE DEPAKOTE ER DILANTIN EQUETRO GABITRIL KEPPRA LAMICTAL LYRICA PHENYTEK TEGRETOL XR TOPAMAX TRILEPTAL
ANTIDEPRESSANTS, SSRIs	generics only
ANTIDEPRESSANTS, OTHER	EFFEXOR XR WELLBUTRIN XL
~~ANTIDEPRESSANTS, TCAs~~	~~generics only~~
ANTIEMETICS	ZOFRAN ZOFRAN ODT
ANTIFUNGALS, ORAL	GRIFULVIN V GRIS-PEG LAMISIL
ANTIFUNGALS, TOPICAL	NAFTIN VUSION
ANTIFUNGALS, VAGINAL	generics only
~~ANTIHISTMINES, FIRST GENERATION~~	~~PALGIC~~ ~~VAZOBID~~ ~~VAZOL~~ ~~VAZOL-D~~

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
ANTIHISTAMINES, MINIMALLY SEDATING(Xyzal will be authorized for patients failing therapy with a preferred generic agent)	~~CLARINEX~~ ~~CLARINEX-D~~ XYZAL
ANTIMIGRAINE AGENTS, TRIPTANS	IMITREX ~~MAXALT~~ RELPAX TREXIMET
ANTIPARASITICS, TOPICAL	EURAX OVIDE
ANTIPARKINSON'S AGENTS	KEMADRIN REQUIP STALEVO
ANTIPRURITICS, TOPICAL	PRUDOXIN
ANTIPSYCHOTICS, ATYPICAL	ABILIFY GEODON RISPERDAL
~~ANTIPSYCHOTICS, CONVENTIONAL (Oral)~~	~~generics only~~
ANTIVIRALS, ORAL	VALCYTE VALTREX
ANTIVIRALS, TOPICAL	none
~~ANXIOLYTICS~~	~~generics only~~
ATOPIC DERMATITIS	ELIDEL
BETA BLOCKERS (Oral)	BYSTOLIC ~~COREG~~ COREG CR ~~TOPROL-XL~~
BLADDER RELAXANT PREPARATIONS	~~DETROL~~ DETROL LA ENABLEX OXYTROL SANCTURA SANCTURA XR VESICARE

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
BONE RESORPTION SUPPRESSION AND RELATED AGENTS (Oral)	ACTONEL BONIVA EVISTA FOSAMAX FOSAMAX PLUS D MIACALCIN
BPH AGENTS	AVODART FLOMAX UROXATRAL
BRONCHODILATORS, ANTICHOLINERGIC	ATROVENT HFA COMBIVENT DUONEB SPIRIVA
BRONCHODILATORS, BETA AGONIST	MAXAIR PROAIR HFA PROVENTIL HFA VENTOLIN HFA XOPENEX HFA XOPENEX Inhalation Solution
CALCIUM CHANNEL BLOCKERS (Oral)	COVERA-HS DYNACIRC CR
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	AUGMENTIN AUGMENTIN XR CEFTIN Suspension OMNICEF SUPRAX
COLONY STIMULATING FACTORS (CSFs)	none
CYTOKINE & CAM ANTAGONISTS	ENBREL HUMIRA RAPTIVA
DIURETICS	generics only
ERYTHROPOIESIS STIMULATING PROTEINS	ARANESP PROCRIT
ESTROGENS	PREMARIN PREMPHASE PREMPRO
FLUOROQUINOLONES, ORAL	AVELOX

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
GLUCOCORTICOIDS, INHALED	ADVAIR AEROBID AEROBID-M ASMANEX AZMACORT FLOVENT Diskus FLOVENT HFA PULMICORT Flexhaler PULMICORT Respules QVAR SYMBICORT
GROWTH HORMONE	GENOTROPIN NORDITROPIN NUTROPIN NUTROPIN AQ SAIZEN SEROSTIM TEV-TROPIN
H2 RECEPTOR BLOCKERS	generics only
HEPATITIS B TREATMENTS	HEPSERA
HEPATITIS C TREATMENTS	COPEGUS REBETOL Syrup
HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITOR	none
HYPOGLYCEMICS, BIGUANIDES	generics only
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	BYETTA JANUMET JANUVIA
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	APIDRA LANTUS LEVEMIR NOVOLIN NOVOLOG NOVOLOG MIX
HYPOGLYCEMICS, MEGLITINIDES	PRANDIN STARLIX
HYPOGLYCEMICS, SULFONYLUREAS	generics only

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
HYPOGLYCEMICS, TZDS	ACTOS AVANDIA ACTOPLUS MET AVANDAMET AVANDARYL DUETACT
IMMUNOLOGIC AGENTS	none
IMPETIGO AGENTS, TOPICAL	generics only
INFLAMMATORY BOWEL DISEASE (oral)	none
INTRANASAL RHINITIS AGENTS	ASTELIN FLONASE NASAREL NASONEX VERAMYST
LAXATIVES	AMITIZA CONSTULOSE ENULOSE GLYCOLAX
LEUKOTRIENE MODIFIERS	ACCOLATE SINGULAIR
LIPOTROPICS, OTHER	ANTARA LOVAZA NIASPAN TRICOR ZETIA
LIPOTROPICS, STATINS	ADVICOR CADUET LESCOL LESCOL XL LIPITOR SIMCOR VYTORIN
MACROLIDES / KETOLIDES	BIAXIN XL
MAST CELL STABILIZERS	INTAL
MULTIPLE SCLEROSIS AGENTS	AVONEX BETASERON COPAXONE REBIF
NSAIDS	generics only
OPHTHALMIC FLUOROQUINOLONES / MACROLIDES	AZASITE OCUFLOX ZYMAR

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS (Drugs in this class with post-operative indications do not require PA)	ALAMAST ALOCRIL ELESTAT OPTIVAR PATANOL
OTIC ANTIBIOTICS	CIPRODEX FLOXIN
~~PENICILLINS~~	~~generics only~~
PHOSPHATE BINDERS	FOSRENOL MAGNEBIND Rx PHOSLO RENAGEL
PLATELET AGGREGATION INHIBITORS	AGGRENOX PLAVIX
PROGESTINS	generics only
PROTON PUMP INHIBITORS (Oral)	PREVACID ZEGERID
SEDATIVE HYPNOTICS	~~AMBIEN CR~~ ~~LUNESTA~~ ROZEREM
SKELETAL MUSCLE RELAXANTS	generics only
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS	ALDARA ~~EURAX~~ ~~OVIDE~~

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS
STIMULANTS AND RELATED AGENTS	ADDERALL XR CONCERTA DAYTRANA FOCALIN FOCALIN XR METADATE CD METHYLIN chewable tablets METHYLIN solution STRATTERA
SULFONAMIDES	GANTRISIN Suspension
~~TETRACYCLINES~~	~~generics only~~
ULCERATIVE COLITIS AGENTS	ASACOL DIPENTUM LIALDA PENTASA CANASA
~~XANTHINE DERIVATIVES~~	~~generics only~~