

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Ginnie McCardle, Staff Officer
Walter Sillers Building
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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Reference to Rules repealed, amended or suspended by the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)

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.

This rule is proposed as a [X] 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 5 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.

[X] 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:

[X] 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: June 4, 2008

Proposed Effective Date of Rule: July 1, 2008

Signature and Title of Person Submitting Rule for Filing
Executive Director

**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 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](http://www.dom.state.ms.us).

List Effective 4/1/08 7/1/08

OTHER 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

OTHER 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
ANTIHISTAMINES, FIRST GENERATION	PALGIC VAZOBID VAZOL VAZOL D

OTHER 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 RELPAK TREXIMET
ANTI-PARASITICS, TOPICAL	EURAX OVIDE
ANTI-PARKINSON'S AGENTS	KEMADRIN REQUIP STALEVO
ANTI-PRURITICS, TOPICAL	PRUDOXIN
ANTI-PSYCHOTICS, ATYPICAL	ABILIFY GEODON RISPERDAL
ANTI-PSYCHOTICS, CONVENTIONAL (Oral)	generics only
ANTIVIRALS, ORAL	VALCYTE VALTREX
ANTIVIRALS, TOPICAL	none
ANXIOLYTICS	generics only
ATOPIC DERMATITIS	ELIDEL
BETA BLOCKERS (Oral)	BYSTOLIC GOREG COREG CR TOPROL XL
BLADDER RELAXANT PREPARATIONS	DETROL DETROL LA ENABLEX OXYTROL SANCTURA SANCTURA XR VESICARE

Therapeutic Drug Class	Preferred Agents
<b>BONE RESORPTION SUPPRESSION AND RELATED AGENTS (Oral)</b>	ACTONEL BONIVA EVI STA FOSAMAX FOSAMAX PLUS D MIACALCIN
<b>BPH AGENTS</b>	AVODART FLOMAX UROXATRAL
<b>BRONCHODILATORS, ANTI CHOLINERGIC</b>	ATROVENT HFA COMBIVENT DUONEB SPIRIVA
<b>BRONCHODILATORS, BETA AGONIST</b>	MAXAIR PROAIR HFA PROVENTIL HFA VENTOLIN HFA XOPENEX HFA XOPENEX Inhalation Solution
<b>CALCIUM CHANNEL BLOCKERS (Oral)</b>	COVERA-HS DYNACIRC CR
<b>CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)</b>	AUGMENTIN AUGMENTIN XR CEFTIN Suspension OMNICEF SUPRAX
<b>COLONY STIMULATING FACTORS (CSFs)</b>	none
<b>CYTOKINE &amp; CAM ANTAGONISTS</b>	ENBREL HUMIRA RAPTIVA
<b>DIURETICS</b>	generics only
<b>ERYTHROPOIESIS STIMULATING PROTEINS</b>	ARANESP PROCRIT
<b>ESTROGENS</b>	PREMARIN PREMPHASE PREMPRO
<b>FLUOROQUINOLONES, ORAL</b>	AVELOX

Therapeutic Drug Class	Preferred Agents
<b>GLUCOCORTICOIDS, INHALED</b>	ADV AIR AEROBID AEROBID-M ASMANEX AZMACORT FLOVENT Diskus FLOVENT Diskus
<b>GROWTH HORMONE</b>	GENOTROPIN NORDITROPIN NUTROPIN NUTROPIN AQ SAIZEN SEROSTIM TEV-TROPIN
<b>H2 RECEPTOR BLOCKERS</b>	generics only
<b>HEPATITIS B TREATMENTS</b>	HEPSERA
<b>HEPATITIS C TREATMENTS</b>	COPEGUS REBETOL Syrup
<b>HYPOLYCEMICS, ALPHA-GLUCOSIDASE INHIBITOR</b>	none
<b>HYPOLYCEMICS, BIGUANIDES</b>	generics only
<b>HYPOLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b>	BYETTA JANUMET JANUVIA
<b>HYPOLYCEMICS, INSULIN AND RELATED AGENTS</b>	APIDRA LANTUS LEVENIR NOVOLIN NOVOLOG NOVOLOG MIX
<b>HYPOLYCEMICS, MEGLITINIDES</b>	PRANDIN STARLIX
<b>HYPOLYCEMICS, SULFONYLUREAS</b>	generics only

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

OTHER 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	AGGRENOLX PLAVIX
PROGESTINS	generics only
PROTON PUMP INHIBITORS (Oral)	PREVACID ZEGERID
SEDATIVE HYPNOTICS	AMBIEN-CR LUNESTA ROZEREM
SKELETAL MUSCLE RELAXANTS	generics only
SKIN AND MUCCOUS MEMBRANE AGENTS, MISCELLANEOUS	ALDARA EURAX OVIDE

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