

**Mississippi Division of Medicaid**  
**Alphabetical Preferred Drug List (by brand name)**

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.medicaid.ms.gov](http://www.medicaid.ms.gov).

List Effective 7/1/10

ABILIFY	AVANDARYL	COSOFT	<b>FLONASE</b>	LAMICTAL XR	NOVOLIN	RENAGEL	ULTRAVATE
ACCOLATE	AVANDIA	COVERA-HS	FLOVENT	LANTUS	NOVOLOG	<b>REVELA</b>	UROXATRAL
<b>ACEON</b>	AVAPRO	COZAAR	FLOXIN	LESCOL	NOVOLOG MIX	RETIN-A MICRO	VALTRES
ACTONEL	AVELOX	CREON	FML FORTE	LESCOL XL	NUOX	REVIATIO	VANDAZOLE
ACTONEL W/CALCIUM	AVODART	DAYTRANA	FML SOP	LETAIRIS	NUTROPIN	<b>ROZEREM</b>	VENTOLIN HFA
ACTOPLUS MET	AVONEX	DEPAKOTE ER	FOCALIN	LEVEMIR	NUTROPIN AQ	<b>SAIZEN-</b>	VERAMYST
ACTOS	AZASITE	DEPAKOTE SPRINKLE	FOCALIN XR	<b>LIALDA</b>	ONGLYZA	<b>SANCTURA</b>	VEXOL
ADDERALL XR	AZELEX	DESONATE	FORADIL	LIDODERM	OPTIVAR	<b>SANCTURA-XR</b>	VIGAMOX
ADVAIR	<b>AZMACORT</b>	DETROL LA	FORTICAL	LIPITOR	<b>OXYTROL</b>	SAPHRIS	VIKASE
AEROBID	AZOPT	DILANTIN	FOSAMAX PLUS D	LOTEMAX	<b>PANCREASE-MT</b>	SAVELLA	VOLTAREN Gel
AEROBID-M	AZOR	DIOVAN	<b>FOSRENOL</b>	<b>LOTREL</b>	PANOXYL	SEROQUEL	VYVANSE
AGGRENOX	BENICAR	DIOVAN-HCT	FRAGMIN	LOVAZA	PATADAY	SEROQUEL XR	WELLBUTRIN XL
ALINIA	BENICAR-HCT	DIPENTUM	GABITRIL	LOVENOX	PATANASE	<b>SIMCOR</b>	XALATAN
ALREX	BENZACLIN	DUETACT	<b>GELNIQUE</b>	LUNESTA	PATANOL	SINGULAIR	ZACLIR
ANDRODERM	BETASERON	DURAGESIC	<del>GENOTROPIN</del>	LUVOX CR	PEGASYS	SPIRIVA	<b>ZENPEP</b>
ANDROGEL	BETIMOL	DYNACIRC CR	GEODON	LUXIQ	PENTASA	STALEVO	
<b>APRISO</b>	BYETTA	EFFEXOR XR	GRIS-PEG	LYRICA	PHENYTEK	STARLIX	
ARANESP	<b>BYSTOLIC</b>	ELESTAT	HELIDAC	MAXIDEX	PHOSLO	SUPRAX	
ARICEPT	CADUET	ELIDEL	HUMIRA	METADATE CD	PLAVIX	SYMBICORT	
ARICEPT ODT	CANASA	ELIPHOS	HYZAAR	METHYLIN chew tabs	PRANDIN	TARKA	
ARIXTRA	CAPEX	EMADINE	IBUDONE	METHYLIN solution	<b>PREVACID-Rx-caps</b>	TEGRETOL XR	
ASACOL	CARBATROL	ENABLEX	IMITREX	MIACALCIN	<b>PREVACID SOLUTAB</b>	TINDAMAX	
ASACOL HD	CETRAXAL	ENBREL	<b>INNOPRAN-XL</b>	MICARDIS	PREVPAC	TOBEX Ointment	
ASMANEX	CIMZIA	EQUETRO	INOVA	MICARDIS-HCT	PRISTIQ	<b>TOVIAZ</b>	
<b>ASTELIN</b>	CIPRODEX	EURAX	INTUNIV	MOBAN	<b>PROAIR HFA</b>	TRACLEER	
ASTEPRO	CLEOCIN OVULES	<b>EVISTA</b>	IQUIX	MOMEXIN	PROCRIT	TRAVATAN	
ATROVENT HFA	CLINAC BPO	EXELON	ISTALOL	NAFTIN	PROTOPIC	TRAVATAN Z	
AUGMENTIN 125 SUSP	COLY-MYCIN S	EXFORGE	JANUMET	NAMENDA	<b>PROVENTIL HFA</b>	TREXIMET	
AUGMENTIN 250 SUSP	COMBIGAN	EXFORGE HCT	JANUVIA	NASAREL	<b>PULMICORT Flexhaler</b>	TRICOR	
AUGMENTIN CHEWABLE	COMBIVENT	<b>EXTAVIA</b>	KADIAN	NASONEX	PULMICORT Respules	TRILEPTAL Susp	
AUGMENTIN XR	CONCERTA	FLAREX	DEXILANT (KAPIDEX)	NEVANAC	QVAR	TRILIPIX	
AVALIDE	COPAXONE	FLECTOR	KINERET	NIACOR	REBIF	TRUSOPT	
AVANDAMET	CORTISPORIN-TC	FLOMAX	LAMICTAL ODT	NIASPAN	RELPAK	<b>ULTRASE</b>	

\*Xyzal will be approved for patients failing therapy with OTC cetirizine, loratadine, or fexofenadine.

Agents added as preferred to the PDL for 1/1/10 implementation are in **BOLD**.

**Mississippi Division of Medicaid**

**Alphabetical Preferred Drug List (Antihistamine/Decongestants by brand name)**

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,

List Effective 07/01/09

ALA-HIST D	DALLERGY	MYCI CHLOR-TAN	PEDIATAN	POLY TAN D	SEMPREX-D	XYZAL*
ALAHIST LQ	MYCI CHLORPED	NALDEX	POLY TAN	P-TEX	VAZOL	