



Missouri Pharmacy Program – Preferred Drug List



Cephalosporin Antibiotics - Oral

Effective 10/05/2017

Revised 10/04/2018

Preferred Agents

- Cefadroxil Capsules
- Cefdinir Capsules
- Cefdinir Suspension
- Cefprozil Tablets
- Cefprozil Suspension
- Cefuroxime Tablets
- Cephalexin Capsules
- Cephalexin Suspension
- Suprax® Capsules
- Suprax® Chewable Tablets

Non-Preferred Agents

- Cedax® Capsule
- Cedax® Suspension
- Cefaclor Capsule
- Cefaclor ER Tablet
- Cefaclor Suspension
- Cefadroxil Suspension
- Cefadroxil Tablets
- Cefixime Suspension
- Cefpodoxime Suspension
- Cefpodoxime Tablets
- Ceftributen Capsule
- Ceftributen Suspension
- Ceftin® Suspension
- Cephalexin Tablet
- **Daxbia®**
- Keflex®
- Suprax® Suspension
- Suprax® Tablets

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030