Missouri Pharmacy Program – Preferred Drug List

Cephalosporins

Effective 10/05/2017
Revised 10/03/2019

Preferred Agents

• Cefadroxil Caps
• Cefdinir Caps/Susp
• Cefprozil Tabs/Susp
• Cefuroxime Tabs
• Cephalexin Caps/Susp

Non-Preferred Agents

• Cefaclor Caps/Susp
• Cefaclor ER Tabs
• Cefadroxil Tabs/Susp
• Cefixime Caps/Susp
• Cefpodoxime Tabs/Susp
• Ceftin®
• Ceftin® Susp
• Cephalexin Tabs
• Keflex®
• Suprax® Caps/Chews/Tabs/Susp

Approval Criteria

• Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  o Documented trial period for preferred agents
  o Documented ADE/ADR to preferred agents

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