Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Oral cephalosporins are divided into 3 generations of agents. First generation oral cephalosporins are active against gram-positive organisms. Second generation oral cephalosporins are active against some gram-positive and gram-negative organisms. Third generation oral cephalosporins have enhanced activity against many gram-negative organisms and are more effective against many resistant bacteria. Many third generation oral cephalosporins also have activity against gram-positive organisms. Cephalosporins are considered to be a part of the beta-lactam antibiotics group. Beta-lactam antibiotics inhibit the growth of bacteria by inactivating the beta-lactamase enzyme located in the bacterial cell membrane which is involved in its cell wall synthesis. The oral cephalosporins have been around for a long time and continue to be useful, especially for uncomplicated infections of the skin and skin structures. They may also be utilized for streptococcal pharyngitis in participants who are penicillin-allergic but are may not cause anaphylaxis. Adult and pediatric dosing recommendations are available in the literature for most of the available products, as well as liquid formulations. In general, the oral cephalosporins are well tolerated. In many cases, third generation cephalosporins may be given once or twice daily to promote participant adherence.

Total program savings for the PDL classes will be regularly reviewed.

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<thead>
<tr>
<th>Program-Specific Information:</th>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
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<tr>
<td></td>
<td>Cefadroxil Caps</td>
<td>Cefaclor Caps/Susp</td>
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<td></td>
<td>Cefdinir Caps/Susp</td>
<td>Cefaclor ER Tabs</td>
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<td>Cefprozil Tabs/Susp</td>
<td>Cefadroxil Tabs/Susp</td>
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<td>Cefuroxime Tabs</td>
<td>Cefixime Caps/Susp</td>
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<td>Cephalexin Caps/Susp</td>
<td>Cefpodoxime Tabs/Susp</td>
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<td>Keflex®</td>
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Type of Criteria:  ☐ Increased risk of ADE  ☒ Preferred Drug List
☐ Appropriate Indications  ☐ Clinical Edit

Data Sources:  ☐ Only Administrative Databases  ☒ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Cephalosporins
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period of preferred agents OR
  - 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

Required Documentation

Laboratory Results:  
MedWatch Form:  
Progress Notes:  
Other:

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

2. USPDI, Micromedex; 2020.
3. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.