



## Missouri Pharmacy Program – Preferred Drug List



### Penicillins

Effective 10/05/2017

Revised 10/04/2018

#### Preferred Agents

- Amoxicillin Capsules/Tablets
- Amoxicillin Chewable Tablets
- Amoxicillin Suspension
- Amoxicillin/Clavulanate Susp
- Amoxicillin/Clavulanate Tabs
- **Amoxicillin/Clavulanate XR**
- Ampicillin Capsules
- Bicillin® C-R Injection
- Penicillin V Potassium Susp
- Penicillin V Potassium Tablets

#### Non-Preferred Agents

- Ampicillin Suspension
- Amoxicillin/Clavulanate Chewable Tabs
- Augmentin® 125 Suspension
- Augmentin® XR
- Dicloxacillin
- Moxatag®

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 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