



## Missouri Pharmacy Program – Preferred Drug List



### Fluoroquinolones - Otic

Effective 06/17/2006

Revised 07/12/2018

#### Preferred Agents

- Ciprodex®

#### Non-Preferred Agents

- Cipro HC®
- Ciprofloxacin Otic
- Ofloxacin Otic
- Otovel®

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
  - 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