



## Missouri Pharmacy Program – Preferred Drug List



### Otic Quinolones

**Effective 05/17/2006**

Revised 01/05/2012

#### Preferred Agents

- Ciprodex®
- Ofloxacin Otic

#### Non-Preferred Agents

- Cipro HC®
- Floxin® Otic
- Cetraxal®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030