# Oral Liquids Guideline

**Antivirals:**  
- Acyclovir Sus 200/5ml  
- Tamiflu/Oseltamivir Sus 6mg/ml

**Corticosteroids**  
- Prednisone Sol 5mg/5ml

**Ulcer Drugs:**  
- Sucralfate Sus 1gm/10ml

**Urinary Anti-infective:**  
- Nitrofurantoin Sus 25mg/5ml

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<table>
<thead>
<tr>
<th>May be authorized for members over 12 years of age when the following criteria is met:</th>
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<tbody>
<tr>
<td>• Medical necessity is due to an inability to use oral solid dosage form</td>
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<td>- For example, includes but not limited to dysphagia, ulcers, stomatitis, feeding tube</td>
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**Duration of Approval if Requirements Are Met:**

**Initial Approval:**  
1 year

**Renewal Approval:**  
1 year

**Requires:**  
Member is responding to treatment

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Current Version Effective: 10.1.2022