



## Missouri Pharmacy Program – Preferred Drug List



### ***FluoroQuinolones***

**Effective 06/01/2005**

Revised 01/06/2011

#### **Preferred Agents**

- Ciprofloxacin HCl
- Ofloxacin
- Avelox®
- Avelox ABC® Pack

#### **Non-Preferred Agents**

- Cipro® XR
- Cipro®
- Factive®
- Noroxin®
- Zagam®
- Proquin® XR
- Levaquin®
- Levaquin® Solution
- Cipro® Susp MC Recon
- Ciprofloxacin ER

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 or more preferred agent(s)	Lack of adequate trial on required preferred agent
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