



Missouri Pharmacy Program – Preferred Drug List



FluoroQuinolones

Effective 05/17/2006

Revised 10/06/2016

Preferred Agents

- Ciprofloxacin Tablets
- Levofloxacin Tablets

Non-Preferred Agents

- **Avelox® Tablets**
- Cipro® Tablets
- Ciprofloxacin ER
- Cipro® Suspension
- Cipro® XR
- Ciprofloxacin Suspension
- Factive®
- Levaquin® Tablets
- Levaquin® Solution
- Levofloxacin Solution
- Moxifloxacin Tablets

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 1 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