

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Fluoroquinolones – Ophthalmic PDL Edit
<b>First Implementation Date:</b>	May 10, 2006
<b>Proposed Date:</b>	March 19, 2020
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** The fluoroquinolones are synthetic, broad-spectrum antibacterial agents that inhibit DNA gyrase. DNA gyrase is an essential enzyme that is involved in the replication, transcription, and repair of bacterial DNA. All of the fluoroquinolones are effective in treating both gram-positive and gram-negative infections, however, there is considerable fear regarding the virulence of gram-negative organisms such as pseudomonas, especially among contact lens wearers. The clinical evidence suggests that all the products within this therapeutic class are efficacious for the vast majority of ocular infections.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> <li>Ciprofloxacin Opth</li> <li><b>Moxifloxacin (gen Vigamox®)</b></li> <li>Ofloxacin Opth</li> </ul>	<ul style="list-style-type: none"> <li>Besivance®</li> <li>Ciloxan®</li> <li>Gatifloxacin</li> <li>Levofloxacin</li> <li><b>Moxeza®</b></li> <li><b>Moxifloxacin (gen Moxeza®)</b></li> <li>Ocuflox®</li> <li>Vigamox®</li> <li>Zymaxid®</li> </ul>

**Type of Criteria:**  Increased risk of ADE  Preferred Drug List  
 Appropriate Indications  Clinical Edit

**Data Sources:**  Only Administrative Databases  Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Fluoroquinolones – Ophthalmic
- Age range: All appropriate MO HealthNet participants

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## Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period of preferred agents
  - Documented ADE/ADR to preferred agents

## Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met

## Required Documentation

Laboratory Results:  
MedWatch Form:

  

Progress Notes:  
Other:

  

## Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)  
Rule Type: PDL

## Default Approval Period

1 year

## References

1. Evidence-Based Medicine Analysis: "Fluoroquinolones, Ophthalmic – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; February 2020.
2. Evidence-Based Medicine Analysis: "Ophthalmic Fluoroquinolones", UMKC-DIC; January 2019.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
4. USPDI, Micromedex; 2020.
5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.

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