**Drug/Drug Class:** Fluoroquinolones, Ophthalmic PDL Edit

**First Implementation Date:** May 10, 2006

**Revised Date:** July 7, 2022

**Prepared For:** MO HealthNet

**Prepared By:** MO HealthNet/Conduent

**Criteria Status:** ☒ Existing Criteria
☐ Revision of Existing Criteria
☐ New Criteria

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**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:**

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ciprofloxacine Oph</td>
<td>Besivance®</td>
</tr>
<tr>
<td>Moxifloxacine (gen Vigamox®)</td>
<td>Cloxan®</td>
</tr>
<tr>
<td>Ofloxacine Oph</td>
<td>Gatifloxacine</td>
</tr>
<tr>
<td>Afloxacin Oph</td>
<td>Levofloxacine Oph</td>
</tr>
<tr>
<td>Moxeza®</td>
<td>Moxifloxacine (gen Moxeza®)</td>
</tr>
<tr>
<td>Besivance®</td>
<td>Ocuflax</td>
</tr>
<tr>
<td>Vigamox®</td>
<td>Zymaxid®</td>
</tr>
</tbody>
</table>

**Type of Criteria:** ☑ Preferred Drug List

**Data Sources:** ☐ Only Administrative Databases

**Setting & Population**

- Drug class for review: Fluoroquinolones, Ophthalmic
- Age range: All appropriate MO HealthNet participants
Approval Criteria

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

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

<table>
<thead>
<tr>
<th>Laboratory Results:</th>
<th>Progress Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MedWatch Form:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Disposition of Edit

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

Default Approval Period

1 year

References

- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.