



## Missouri Pharmacy Program – Preferred Drug List



### Fluoroquinolones - Ophthalmic

Effective 05/10/2006

Revised 07/11/2019

#### Preferred Agents

- Ciprofloxacin HCl Drops
- Moxeza®
- Ofloxacin Drops

#### Non-Preferred Agents

- Besivance®
- Ciloxan® Drops/Oint
- Gatifloxacin 0.5%
- Levofloxacin 0.5%
- Moxifloxacin (gen Vigamox®)
- Ocuflor® Drops
- Vigamox®
- Zymaxid®

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more agents
  - Documented trial period for 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
- Drug Prior Authorization Hotline: (800) 392-8030