



Missouri Pharmacy Program – Preferred Drug List



Fluoroquinolones

Effective 05/17/2006

Revised 10/04/2018

Preferred Agents

- Ciprofloxacin Tablets
- Levofloxacin Tablets

Non-Preferred Agents

- Avelox® Tablets
- **Baxdella®**
- Cipro® Tablets
- Ciprofloxacin ER
- Cipro® Suspension
- Cipro® XR
- Ciprofloxacin Suspension
- Factive® (Discontinued)
- Levaquin® Tablets
- Levaquin® Sol (Discontinued)
- Levofloxacin Solution
- Moxifloxacin Tablets
- Ofloxacin

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

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