



## Missouri Pharmacy Program – Preferred Drug List



### Fluoroquinolones – Ophthalmic

Effective 05/10/2006

Revised 07/12/2018

#### Preferred Agents

- Ciprofloxacin HCl
- Moxeza®
- Ofloxacin
- Vigamox®

#### Non-Preferred Agents

- Besivance®
- Ciloxan® Drops
- Ciloxan® Ointment
- Gatifloxacin
- Quixin®
- Levofloxacin Drops
- **Moxifloxacin (generic Vigamox®)**
- Ocuflax®
- Zymaxid®

#### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 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