



## Missouri Pharmacy Program – Preferred Drug List



### FluoroQuinolones

**Effective 06/01/2005**

Revised 01/05/2012

#### Preferred Agents

- Ciprofloxacin HCl
- Ofloxacin
- Avelox®
- Avelox ABC® Pack
- **Levofloxacin**

#### Non-Preferred Agents

- Cipro® XR
- Cipro®
- Factive®
- Noroxin®
- Zagam®
- Proquin® XR
- Levaquin®
- Levaquin® Solution
- Cipro® Susp MC Recon
- Ciprofloxacin ER

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030