PREFERRED STEP THERAPY POLICY

POLICY: Ophthalmic Quinolone Antibiotics Preferred Step Therapy Policy

- Ciloxan® (ciprofloxacin ophthalmic ointment 0.3% – Alcon)
- Ciloxan® (ciprofloxacin ophthalmic solution 0.3% – Alcon, generics)
- Levofloxacin ophthalmic solution 0.5% (generics only)
- Moxeza (moxifloxacin ophthalmic solution 0.5% – Alcon, generics)
- Ocuflox® (ofloxacin ophthalmic solution 0.3% – Allergan, generics)
- Vigamox® (moxifloxacin ophthalmic solution 0.5% – Novartis, generics)
- Zymaxid® (gatifloxacin ophthalmic solution 0.5% – Allergan, generics)

REVIEW DATE: 10/07/2020; Effective 01/01/2021

OVERVIEW

The ophthalmic fluoroquinolone products (ciprofloxacin, gatifloxacin, levofloxacin, moxifloxacin, and ofloxacin) are indicated for the treatment of bacterial conjunctivitis caused by susceptible strains of certain microorganisms. Ciprofloxacin ophthalmic solution and levofloxacin ophthalmic solution are also indicated for the treatment of corneal ulcers caused by susceptible strains of certain microorganisms. The prescribing information for these products lists the specific strains.

These ophthalmic products, except moxifloxacin ophthalmic solution 0.5% and Ciloxan ointment are preserved with benzalkonium chloride. The frequency of administration for these products range from twice daily to up to 8 times a day.

Several of the ophthalmic quinolone antibiotics have been studied in children. Ciloxan ointment has been studied in children ≥ 2 years of age. Moxifloxacin ophthalmic solution (Moxeza, generics) has been studied in children ≥ 4 months of age. Ciprofloxacin ophthalmic solution, gatifloxacin ophthalmic solution, moxifloxacin ophthalmic solution (Vigamox, generics), and ofloxacin ophthalmic solution have been studied in children ≥ 1 year of age. Levofloxacin ophthalmic solution has been studied in children ≥ 6 years of age.

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 drug prior to the use of a Step 2 drug. If the Preferred Step Therapy rule is not met for a Step 2 drug at the point of service, coverage will be determined by the Preferred Step Therapy criteria below. All approvals are provided for 1 year in duration.

Automation: A patient with a history of one Step 1 drug within the 130-day look-back period is excluded from Step Therapy.

Step 1: generic ciprofloxacin 0.3% ophthalmic solution, generic gatifloxacin 0.5% ophthalmic solution, generic levofloxacin 0.5% ophthalmic solution, generic moxifloxacin hydrochloride 0.5% ophthalmic solution, generic ofloxacin 0.3% ophthalmic solution

Step 2: Ciloxan ointment

CRITERIA

1. If the patient has tried one Step 1 drug, authorization for a Step 2 drug may be given.

2. If the patient has already started treatment with Ciloxan ointment, approve Ciloxan ointment to complete the course of therapy.

3. No other exceptions are recommended.

REFERENCES

1. Ciloxan ointment [prescribing information]. Fort Worth, TX: Alcon Laboratories, Inc; April 2018.
2. Ciloxan ophthalmic solution [prescribing information]. Fort Worth, TX: Alcon Laboratories, Inc.; April 2018.
3. Zymaxid ophthalmic solution [prescribing information]. Irvine, CA: Allergan; September 2016.
4. Moxeza ophthalmic solution [prescribing information]. Fort Worth, TX: Alcon Laboratories, Inc.; February 2017.
5. Vigamox ophthalmic solution [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; June 2020.
6. Ocuflox ophthalmic solution [prescribing information]. Irvine, CA: Allergan; April 2017.
7. Levofloxacin ophthalmic solution [prescribing information]. Allendale, NJ: Rising Pharmaceuticals Inc; March 2017.