

## Criteria for Use of Moxifloxacin Ophthalmic Solution

### VHA Pharmacy Benefits Management Strategic Healthcare Group and

### Medical Advisory Panel

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*These criteria were based on the best clinical evidence currently available. The recommendations in this document are dynamic, and will be revised as new clinical information becomes available. This guidance is intended to assist practitioners in providing consistent, high-quality, cost-effective drug therapy. These criteria are not intended to interfere with clinical judgment; the clinician must ultimately decide the course of therapy based on individual patient situations. All use of this product outside of the finalized CFU will be reviewed on a case-by-case basis at the direction of the local Pharmacy & Therapeutics Committee.*

<b><u>One of the following criteria must be met</u></b>	<b>Yes</b>	<b>No</b>
Documented resistant ocular pathogens causing eye infections	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>		
Treatment of refractory conjunctivitis, corneal ulcers and keratitis	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>		
Patients undergoing eye surgery (i.e., cataract, corneal, retinal or refractive) to minimize risk of endophthalmitis	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>		
Atypical ocular infections (i.e. mycobacterium).	<input type="checkbox"/>	<input type="checkbox"/>

### **References**

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