

April 16, 2010

SUBJECT: Ophthalmic Anti-Infective Step Therapy

The following step therapy requirements will take effect April 21, 2010.

Criteria for a Tier 2 medication:

- Approved indication/suspected infection by organism not known to be covered by Tier 1 products, or failure of a Tier 1 product, or
- Known contraindication to all indicated Tier 1 medications, or
- Prescription written by optometrists/ophthalmologists, or
- When used for pre/post-operative prophylaxis

Criteria for a Tier 3 medication:

- Approved indication/suspected infection by organism not known to be covered by Tier 2 products, or failure of a Tier 2 product, or
- Known contraindication to all indicated Tier 2 medications, or
- Prescription written by optometrists/ophthalmologists, or
- When used for pre/post-operative prophylaxis

Liquids		
Tier 1	Tier 2	Tier 3
Gentak® (Gentamicin)	Ciloxan® Solution (Ciprofloxacin)	Vigamox® (Moxifloxacin)
AK-Tob® (Tobramycin)	Quixin® (Levofloxacin)	Zymar® (Gatifloxacin)
Bleph-10®, Na Sulamyd®	Ocuflox® (Ofloxacin)	Azasite® (Azithromycin)
(Na Sulfacetamide)		
Polytrim® (PolymyxinB/Trimethoprim)		Besivance [®]
		(Besifloxacin HCl)
AK-Spore® (Neo/PolyB/Gramacidin)		

Ointments		
Tier 1	Tier 2	
AK-Tracin® (Bacitracin)	Ciloxan® Ointment (Ciprofloxacin)	
AK-Poly-Bac® (Bacitracin/PolymyxinB)		
Tobrex® (Tobramycin)		
Neosporin® (Neomycin/Polymyxin B/Bacitracin)		
A/T/S®, Ilotycin®, Roymicin® (Erythromycin)		
Gentak® (Gentamicin)		
Bleph-10®, Sodium Sulamyd® (Sodium Sulfacetamide)		

PA Criteria: www.okhca.org/providers/rx/pa PA forms: www.okhca.org/rx-forms