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PREAMBLE

Two new fluoroquinolone ophthalmic preparations, Vigamox® (moxifloxacin) and Zymar® (gatifloxacin), recently came on the Canadian market for the treatment of bacterial conjunctivitis. They join previously available ophthalmic quinolones, Ciloxan (ciprofloxacin) and Ocuflax (ofloxacin). Compared with the older quinolones, Vigamox® and Zymar® (fourth generation agents) have a broader spectrum of bacterial coverage. They have greater activity against gram-positive organisms, specifically with Staphylococcus and Streptococcus species, and provide some anaerobic coverage.¹

Vigamox® is indicated for the treatment of bacterial conjunctivitis caused by susceptible bacterial strains. Vigamox® provides coverage for susceptible strains of gram-positive organisms Staphylococcus aureus, Staphylococcus epidermidis, Staphylococcus haemolyticus, Staphylococcus hominis, Streptococcus pneumoniae, and Streptococcus viridans, as well as the gram-negative Haemophilus influenza and the Acinetobacter species.² The recommended dosage is one drop into affected eye(s) three times a day for 7 days.

Zymar® is indicated for the treatment of bacterial conjunctivitis caused by the following susceptible bacterial strains: S. aureus, S. epidermidis, S. pneumoniae, and H. influenza.³ The recommended dosing regimen requires more frequent administration with days 1 and 2 of treatment - 1 drop into affected eye(s) every 2 hours to a maximum of 8 times per day; days 3 to 7 of treatment - 1 drop four times daily.

NOTE: These quinolones have a broader-spectrum than ciprofloxacin (Ciloxan) or ofloxacin (Ocuflax). Quinolones are very effective...but also very expensive. And there are concerns about quinolone resistance due to overuse. Suggest an alternative for most patients...Neosporin Eye/Ear, Polysporin, or gentamicin (Garamycin). Encourage saving the newer quinolones for infections resistant to these older products⁴.

PROTOCOL

1. To be used only where prescribed by an ophthalmologist. Duration of therapy is limited to 7 days.

OR

2. To be used by all other prescribers, only when trials of Neosporin Eye/Ear, Polysporin, or gentamicin have failed due to resistance or intolerance. Duration of therapy is limited to 7 days.

REFERENCES

1. Blondeau JM. Fluoroquinolones: mechanism of action, classification, and development of resistance. Surv Ophthalmol 2004;49 Suppl 2:S73-8.

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RESTRICTED USE	gatifloxacin, moxifloxacin hydrochloride <div style="text-align: right;"> Original Approved </div>	2 of 2 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="1263 380 1349 422">YY</th> <th data-bbox="1349 380 1425 422">MM</th> <th data-bbox="1425 380 1489 422">DD</th> </tr> </thead> <tbody> <tr> <td data-bbox="1263 422 1349 464">06</td> <td data-bbox="1349 422 1425 464">05</td> <td data-bbox="1425 422 1489 464">25</td> </tr> <tr> <td data-bbox="1263 464 1349 495">06</td> <td data-bbox="1349 464 1425 495">08</td> <td data-bbox="1425 464 1489 495">24</td> </tr> </tbody> </table>			YY	MM	DD	06	05	25	06	08	24
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2. Vigamox Product Monograph. Alcon Canada Inc., Mississauga, Ontario. May 4, 2004.
3. Zymar Product Monograph. Allergan Inc., Markham, Ontario. August 10, 2004.
4. Pharmacist's Letter, December 2004, Volume 20, Number 20121.

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