



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** gemifloxacin

**Brand Name:** Factive

**Medication Class:** Fluoroquinolone

**FDA Approved Uses:** treatment of infections caused by susceptible strains of the following microorganisms:

- Acute bacterial exacerbations of chronic bronchitis due to *S. pneumoniae*, *H. Influenza*, *H. parainfluenzae*, or *M. catarrhalis*.
- Community acquired pneumonia due to *S. pneumoniae* including multi-drug resistant strains, *H. influenzae*, *M. catarrhalis*, *M. pneumoniae*, *C. pneumoniae* or *K. pneumoniae*.

**Usual Dose:** Acute bacterial exacerbations of chronic bronchitis-  
320mg orally once daily for 5 days.  
Community acquired pneumonia-  
320mg orally once daily for 7 days.

**Duration of Therapy:** Acute bacterial exacerbations of chronic bronchitis-  
5 days  
Community acquired pneumonia-  
7 days

**Criteria for Use:** *(bullet points below are all inclusive unless otherwise noted)*

- Clinically documented acute bacterial exacerbation of chronic bronchitis.
- OR
- Clinically documented community acquired pneumonia.
  - Must have failed or been intolerant to at least one other 3<sup>rd</sup> or 4<sup>th</sup> generation fluoroquinolone.
- OR
- Isolated microorganism must be resistant to all other fluoroquinolones.

**Contraindications:**

- Hypersensitivity to gemifloxacin, other fluoroquinolones, or any component in the product.

**Not Approved if:**

- Patient does not meet the above stated criteria.
- Patient has any contraindications to the use of gemifloxacin.

**Special Considerations:**

High incidence of rash (32% in young women)



*Fluoroquinolones:*

Second Generation	Tier
Ciprofloxacin	1
Cipro (ciprofloxacin)	2
Noroxin (norfloxacin)	2
Floxin (ofloxacin)	3
Maxaquin (lomefloxacin)	3PA
Third Generation	
Levaquin (levofloxacin)	3
Fourth Generation	
Avelox (moxifloxacin)	2
Tequin (gatifloxacin)	3
Factive (gemifloxacin)	moratorium



P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_