

Ofloxacin 0.3 % Ophthalmic Solution (Ocuflox)

Brands listed in the Saskatchewan Drug Plan Formulary¹

Brand Name	DIN	MFTR	DPPB Status
Apo-ofloxacin	02218398	Apotex	EDS*
Ocuflox	021432914	Allergan	EDS*

* Exception Drug Status – Coverage only for the treatment of:

- (a) Ophthalmic infections caused by gram-negative organisms,
- (b) Ophthalmic infections unresponsive to alternative agents, and
- (c) Infiltrative corneal infections.

INDICATIONS:

Conjunctivitis:

Ofloxacin 0.3% ophthalmic solution is indicated for the treatment of CONJUNCTIVITIS caused by susceptible strains of *Staphylococcus(S) aureus*, *S epidermidis*, *Streptococcus pneumoniae*, *Enterobacter cloacae*, *Haemophilus influenzae*, *Proteus mirabilis*, and *Pseudomonas aeruginosa*.(2)

- **Alternatives for Conjunctivitis:**

- Gatifloxacin, moxifloxacin, tobramycin, polymyxin B/trimethoprim, ciprofloxacin, besifloxacin, fucidic acid, or erythromycin oint.(3)
- **Experts recommend that fluoroquinolones be reserved for serious corneal infections.**(3)
- Fluoroquinolones are the preferred agent in contact lens wearers; once keratitis has been ruled out, it is reasonable to treat these individuals with a fluoroquinolone due to the high incidence of pseudomonas infection. (4)

Corneal Ulcers (Ulcerative Keratitis)

Ofloxacin ophthalmic solution is also indicated for the treatment of CORNEAL ULCERS caused by susceptible strains of *S aureus*, *S epidermidis*, *Strep pneumoniae*, *P aeruginosa*, *Serratia marcescens*, and *Propionibacterium acnes* (anaerobe). It is approved for patients 1 year of age and older. (2)

- **Alternatives for Corneal Ulcers:**

- For empiric treatment, fluoroquinolones are recommended as first line therapy: ciprofloxacin, levofloxacin, gatifloxacin, moxifloxacin.

- Ciprofloxacin and ofloxacin were comparably efficacious in promoting clinical healing of corneal ulcers associated with culture-positive bacterial keratitis.(2)

Ophthalmic Surgery Postoperative Care:

- Fluoroquinolones: moxifloxacin, ciprofloxacin, besifloxacin , gatifloxacin. (3)
- Aminoglycosides such as tobramycin and neomycin often in combination with dexamethasone. (3)
- Initiate topical antibacterials immediately following surgery rather than waiting until the first postoperative day.(3)

Monitoring Parameters:

Patients with bacterial conjunctivitis should respond in one to two days with a decrease in discharge, redness, and irritation. Patients who do not respond should be referred to an ophthalmologist. (4)

For bacterial keratitis, daily follow-up is recommended until there is clinical improvement if the ulcer is deep and more than 2 mm in diameter.(5)

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References:

1. Ofloxacin. Drug Plan and Extended Benefits Branch Formulary. Gov't of Sask. Available at <http://formulary.drugplan.health.gov.sk.ca/>. Accessed May 5, 2015.
2. Ofloxacin. In: DRUGDEX System (Micromedex 2.0). Greenwood Village, CO: Truven Health Analytics; c1974-2015. <http://www.micromedexsolutions.com/micromedex2/librarian#>. Accessed April 27, 2015. 2013.
3. Jackson WB, Eye Disorders: Red Eye in eTherapeutics+ Therapeutic Choices. Available at www.etherapeutics.ca by subscription. Accessed April 27, 2015.
4. Jacobs D. Conjunctivitis. In UpToDate, Trobe J(Ed), UpToDate, Waltham, MA. (Accessed on April 27, 2015).
5. Corneal ulcer. In *DynaMed* [database online]. EBSCO Information Services. <http://www.dynamed.com/login.aspx?direct=true&site=DynaMed&id=113862>. Accessed May 5, 2015.