Specialist Channel / Preservative-Free

FURRMOXI LP

Moxifloxacin 0.5% & Loteprednol Etabonate 0.5% Ophthalmic Suspension

Class: Antibiotic / Corticosteroid **Indication:** Post-Operative Care **Species:** Canine & Feline

1. CLINICAL RATIONALE

Post-operative ocular care demands simultaneous control of two independent risks: surgical site infection and post-surgical inflammation. Deploying separate antibiotic and steroid preparations introduces complexity and doubles the patient's exposure to topical preservatives. **FurrMoxi LP** addresses this clinical challenge with a single, preservative-free suspension combining two precisely chosen active agents.

2. QUALITATIVE & QUANTITATIVE COMPOSITION

Format: Preservative-Free Ophthalmic Suspension | **Pack Size:** 5 mL Multi-Dose Bottle

Active Ingredient	Pharmacological Mechanism
Moxifloxacin HCl 0.5% (4th-Gen Fluoroquinolone)	Inhibits bacterial DNA gyrase and topoisomerase IV. Superior Gram-positive, Gram-negative, and atypical pathogen coverage with enhanced corneal penetration compared to earlier generations.
Loteprednol Etabonate 0.5% (Site-Active Ester Steroid)	Suppresses inflammatory cytokines in ocular tissues. Metabolised to inactive metabolites upon systemic absorption — reducing systemic exposure and significantly lowering the risk of Intraocular Pressure (IOP) elevation versus ketone-based steroids.

**Formulated without Benzalkonium Chloride (BAK) to eliminate iatrogenic epithelial toxicity and support healthier corneal wound healing.*

3. CLINICAL INDICATIONS & CONTRAINDICATIONS

Indicated for use under specialist veterinary supervision in the following scenarios:

- **Post-cataract surgery & phacoemulsification.**
- **Third-eyelid (cherry eye) replacement surgery.**
- **Entropion/ectropion correction.**
- **Specialist-supervised inflammatory management** (e.g., non-infectious anterior uveitis).

⚠ Absolute Contraindications

- **Active Corneal Ulceration:** Do NOT use in any eye with active or suspected corneal ulceration (fluorescein-positive). Topical corticosteroids delay epithelial healing and can precipitate corneal perforation.
- **Fungal Keratitis or Viral Keratitis (Herpesvirus).**

4. DOSING & ADMINISTRATION

Route: Topical Ophthalmic. *Shake the suspension well before each use.*

Framework A: Post-Cataract Surgery

Peri-operative management combining infection prophylaxis and inflammation control.

Day 0–7: Acute Post-Op

- **FurrMoxi LP:** 1 drop, 4× daily.
- **Vet Tears HA:** 1 drop, 4× daily (Wait 5-10 mins after FurrMoxi LP).
- Monitor: infection signs, anterior chamber reaction, IOP. E-collar mandatory.

Week 2–4: Tapering Phase

- **Week 2:** Recheck IOP and corneal clarity. Taper FurrMoxi LP to 3× daily.
- **Week 3-4:** Taper FurrMoxi LP to 2× daily; typically discontinue by Week 4.

Framework B: Post-Cherry Eye Surgery

Managing surgical inflammation while compensating for potential transient loss of tear production following third eyelid gland repositioning.

Week 1: Aggressive Phase

- **FurrMoxi LP:** 1 drop, 3–4× daily.
- **Vet Tears HA:** 1 drop, Q2–3H (up to 6–8× daily) to compensate for temporary gland output reduction.

Week 2–4: Assessment & Taper

- Perform Week 2 Schirmer Tear Test (STT).
- Taper FurrMoxi LP based on inflammation; typically discontinue by Week 3.

5. COMBINATION THERAPY SEQUENCE RULE

When using FurrMoxi LP alongside Vet Tears HA (or other lubricants), **sequence and timing matter** to prevent medication washout.

1. **FurrMoxi LP (Medication First):** Requires direct corneal contact for absorption.
2. **Wait 5–10 Minutes:** Allows the suspension to fully absorb into the ocular tissues.
3. **Vet Tears HA (Lubricant Last):** Acts as a sealing viscoelastic bandage over the surface.

6. CLINICAL TROUBLESHOOTING

Post-Op Inflammation Not Controlled

Possible Causes:

- Inadequate dosing frequency / poor owner compliance.
- Underlying bacterial or fungal infection not responding to Moxifloxacin.
- Patient rubbing the eye despite E-collar.
- Immune-mediated component (e.g., severe uveitis).

Clinical Solutions:

- Consider increasing FurrMoxi LP to 5–6× daily short-term (specialist guidance).
- Culture if purulent discharge appears or worsens.
- **Refer immediately** if no improvement within 48–72 hours.

Excessive Discharge Despite Treatment

- Rule out blocked nasolacrimal duct (perform flush).
- Evert lids and check fornices for foreign body (grass awn, hair).
- Evaluate for eyelid conformation abnormalities (entropion) causing ongoing friction.

7. GENERAL SAFETY & MONITORING

- **Corneal integrity baseline:** Perform fluorescein staining before treatment and at any follow-up visit if corneal ulceration is suspected.
- **IOP monitoring:** If therapy extends beyond 10 days, measure intraocular pressure.
- **48–72 hour response check:** If no clinical improvement is observed within 48–72 hours, reassess diagnosis and obtain culture/sensitivity where indicated.
- **Storage:** Store at 15–25°C. Discard 4 weeks after first opening to maintain sterility.

8. SELECTED CLINICAL REFERENCES

- Comstock TL, Decory HH. Advances in corticosteroid therapy for ocular inflammation: loteprednol etabonate. *Int J Inflam.* 2012.
- Moshirfar M, et al. Fourth-generation fluoroquinolones in ophthalmology. *Expert Opin Pharmacother.* 2007;8(11):1679–1691.
- Williams DL. Ocular surface preservative toxicity — implications for veterinary practice. *Vet Ophthalmol.* 2008;11(Suppl 1):10–14.
- Rajpal RK, et al. Loteprednol etabonate 0.5% versus prednisolone acetate 1% for post-cataract surgery inflammation. *J Ocul Pharmacol Ther.* 2013.

Specialist Veterinary Use Only. FurrMoxi LP contains a topical corticosteroid and must only be used under direct veterinary specialist supervision following confirmed diagnosis. These frameworks are educational and do not replace official product labelling or clinical judgement.