

SmartPA Criteria Proposal

Drug/Drug Class:	Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Ophthalmic PDL Edit
First Implementation Date:	November 30, 2006
Proposed Date:	March 18, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: The ophthalmic NSAID agents are believed to inhibit the cyclooxygenase enzyme that is essential in the biosynthesis of prostaglandins. They reduce ophthalmic inflammation when applied topically in the eye for the treatment of various ophthalmic conditions. These agents are effective for the prophylaxis and treatment of ocular conditions including non-infectious inflammation, inhibition of intraoperative miosis, pain and healing following cataract and refractive surgery and allergic conjunctivitis. Their safety and efficacy for treatment of ocular inflammatory conditions, especially those that result in postoperative ocular pain, inflammation and edema have been well documented in clinical studies.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> • Diclofenac Opth • Flurbiprofen Opth • Ketorolac Opth 	<ul style="list-style-type: none"> • Acular® • Acular LS® • Acuvail® • Bromfenac • BromSite™ • Ilevro® • Nevanac® • Prolensa®

Type of Criteria: Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit

Data Sources: Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Nonsteroidal Anti-Inflammatory Drugs (NSAID), Ophthalmic
- Age range: All appropriate MO HealthNet participants

SmartPA PDL Proposal Form

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Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
 - Documented trial period of preferred agents **OR**
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:

Progress Notes:

MedWatch Form:

Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. Evidence-Based Medicine and Fiscal Analysis: "Ophthalmic NSAIDs – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2021.
2. Evidence-Based Medicine Analysis: "Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)", UMKC-DIC; January 2021.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2021.
4. USPDI, Micromedex; 2021.
5. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.