



# SmartPA Criteria Proposal

Drug/Drug Class:	Nonsteroidal Anti-Inflammatory Drugs (NSAID) – Ophthalmic PDL Edit				
First Implementation Date:	November 30, 2006				
Proposed Date:	March 19, 2020				
Prepared For:	MO HealthNet				
Prepared By:	MO HealthNet/Conduent				
Criteria Status:	□Existing Criteria ☑Revision of Existing Criteria □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		
Diclofenac	Acular <sup>®</sup>		
Flurbiprofen Sodium	Acular LS®		
Ketorolac Opth	Acuvail®		
	Bromfenac		
	<ul> <li>BromSite<sup>™</sup></li> </ul>		
	• llevro®		
	Nevanac <sup>®</sup>		
	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

#### **Approval Criteria**

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

#### **Denial Criteria**

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met

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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 2020.
- 2. Evidence-Based Medicine Analysis: "Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)", UMKC-DIC; January 2020.
- 3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
- 4. USPDI, Micromedex; 2020.
- 5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.