



## Missouri Pharmacy Program – Preferred Drug List



### Nonsteroidal Anti-Inflammatory Drugs (NSAID) - Ophthalmic

Effective 01/24/2014

Revised 07/11/2019

#### Preferred Agents

- Diclofenac
- Flurbiprofen Sodium
- Ilevro®
- Ketorolac Ophthalmic 0.4%
- Ketorolac Ophthalmic 0.5%

#### Non-Preferred Agents

- Acular®
- Acular LS®
- Acuvail®
- Bromfenac
- BromSite™
- Nevanac®
- Prolensa®

#### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period of preferred agents
  - 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
- Drug Prior Authorization Hotline: (800) 392-8030