



Missouri Pharmacy Program – Preferred Drug List



Nonsteroidal Anti-Inflammatory Drugs (NSAID) – Ophthalmic

Effective 01/24/2014

Revised 07/12/2018

Preferred Agents

- Diclofenac Drops
- Durezol®
- Flurbiprofen Sodium
- Ilevro®
- Ketorolac Drops
- Ketorolac LS Drops

Non-Preferred Agents

- Acular® Drops
- Acular LS® Drops
- Acuvail® Dropperette
- Bromfenac®
- BromSite®
- Lotemax® Drops/Gel/Ointment
- Nevanac® Drops
- Ocufen® Drops
- Prolensa®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

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