



STEP THERAPY POLICY

- POLICY:** Ophthalmic Nonsteroidal Anti-Inflammatory Drugs Step Therapy Policy
- Acular® (ketorolac tromethamine 0.5% ophthalmic solution – Allergan, generic)
 - Acular LS® (ketorolac tromethamine 0.4% ophthalmic solution – Allergan, generic)
 - Acuvail® (ketorolac tromethamine 0.45% ophthalmic solution – Allergan)
 - Bromfenac 0.09% ophthalmic solution (generic only)
 - BromSite® (bromfenac 0.075% ophthalmic solution – Sun, generic)
 - Diclofenac 0.1% ophthalmic solution (generic only)
 - Flurbiprofen 0.03% ophthalmic solution (generic only)
 - Nevanac® (nepafenac 0.1% ophthalmic suspension – Novartis)

REVIEW DATE: 11/01/2023; selected revision 03/06/2024

INSTRUCTIONS FOR USE

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

In general, the ophthalmic nonsteroidal anti-inflammatory drugs (NSAIDs) are indicated for the management of **ocular pain and inflammation in the postoperative setting**.¹⁻⁷ Note that the specific labeled indications may differ among the products. Ketorolac 0.5% ophthalmic solution is also indicated for the treatment of seasonal allergic conjunctivitis.¹ Flurbiprofen 0.03% ophthalmic solution is not indicated for use in the postoperative setting; flurbiprofen is indicated for the inhibition of intraoperative miosis.⁸ All of the ophthalmic products included in this Step Therapy are preserved with benzalkonium chloride, except Acuvail, diclofenac 0.1% ophthalmic solution, and flurbiprofen 0.03% ophthalmic solution.¹⁻⁸

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Note: Ilevro and Prolensa are not included in this policy.

Step 1: generic bromfenac 0.075% ophthalmic solution, generic bromfenac 0.09% ophthalmic solution, generic diclofenac 0.1% ophthalmic solution, generic flurbiprofen 0.03% ophthalmic solution, generic ketorolac 0.4% ophthalmic solution generic ketorolac 0.5% ophthalmic solution

Step 2: Acular, Acular LS, Acuvail, BromSite, Nevanac

Ophthalmic Nonsteroidal Anti-Inflammatory Drugs product(s) is(are) covered as medically necessary when the following step therapy criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.

REFERENCES

1. Acular® ophthalmic solution [prescribing information]. Irvine, CA: Allergan; May 2012.
2. Acular LS® ophthalmic solution [prescribing information]. Irvine, CA: Allergan; June 2016.
3. Acuvail® ophthalmic solution [prescribing information]. Irvine, CA: Allergan; February 2019.
4. Nevanac® ophthalmic suspension [prescribing information]. East Hanover, NJ: Novartis; November 2020.
5. Bromfenac 0.09% ophthalmic solution [prescribing information]. Bedminister, NJ: Alembic; November 2022.
6. Diclofenac 0.1% ophthalmic solution [prescribing information]. Tampa, FL: Bausch & Lomb; June 2022.
7. BromSite® ophthalmic solution [prescribing information]. Cranbury, NJ: Sun; March 2023.
8. Flurbiprofen 0.03% ophthalmic solution [prescribing information]. Tampa, FL: Bausch & Lomb; September 2022.

History

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	10/26/2022
Annual Revision	No criteria changes.	11/01/2023
Selected Revision	Generic bromfenac 0.075% ophthalmic solution: This product was added to Step 1.	03/06/2024

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