

## 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)
  - Diclofenac 0.1% ophthalmic solution (generic only)
  - Flurbiprofen 0.03% ophthalmic solution (generic only)
  - Nevanac® (nepafenac 0.1% ophthalmic suspension – Alcon)

**REVIEW DATE:** 10/26/2022

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### OVERVIEW

In general, the ophthalmic nonsteroidal anti-inflammatory drugs (NSAIDs) are indicated for the management of **ocular pain and inflammation in the postoperative setting**.<sup>1-7</sup> 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.<sup>1</sup> Flurbiprofen 0.03% ophthalmic solution is not indicated for use in the postoperative setting; flurbiprofen is indicated for the inhibition of intraoperative miosis.<sup>8</sup> 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.<sup>1-8</sup>

### 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.

**Automation:** A patient with a of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

**Step 1:** 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

### CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
2. No other exceptions are recommended.

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**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]. Fort Worth, TX: Alcon; December 2017.
5. Bromfenac 0.09% ophthalmic solution [prescribing information]. Bridgewater, NJ: Alembic; June 2021.
6. Diclofenac 0.1% ophthalmic solution [prescribing information]. Tampa, FL: Bausch & Lomb; June 2022.
7. BromSite® [prescribing information]. Cranbury, NJ: Sun; April 2016.
8. Flurbiprofen 0.03% ophthalmic solution [prescribing information]. Tampa, FL: Bausch & Lomb; September 2022.