



Missouri Pharmacy Program – Preferred Drug List



Ophthalmic NSAIDs

Effective 11/30/2006
Revised 07/07/2011

Preferred Agents

- Flurbiprofen Sodium
- Nevanac® Drops
- Diclofenac Drops
- Ketorolac Drops
- Ketorolac LS Drops

Non-Preferred Agents

- Xibrom® Drops
- Ocufen® Drops
- Voltaren® Drops
- Acuvail® Dropperette
- Acular Drops
- Acular LS Drops

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030