



**UnitedHealthcare Individual & Family ACA Marketplace Plans
Clinical Pharmacy Program Guidelines for Oral NSAIDs**

Program	Step Therapy
Medication	Ketoprofen and Ketoprofen extended-release
Issue Date	9/2020
Pharmacy and Therapeutics Approval Date	6/2022
Effective Date	8/2022

1. Background:

Ketoprofen is a non-steroidal anti-inflammatory drug (NSAID) for the management of the signs and symptoms of rheumatoid arthritis and osteoarthritis, for the management of pain, and for treatment of primary dysmenorrhea. Ketoprofen extended-release is indicated for the management of the signs and symptoms of rheumatoid arthritis and osteoarthritis. Extended-release ketoprofen is not indicated for acute pain.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try three alternative solid oral NSAIDs – diclofenac, flurbiprofen, prescription strength ibuprofen, or prescription strength naproxen – prior to receiving coverage for ketoprofen or ketoprofen extended-release.

2. Coverage Criteria^a:

<p>A. Ketoprofen and ketoprofen extended-release will be approved based on the following criterion:</p> <p>1. History of failure, contraindication, or intolerance to three of the following solid oral formulary products:</p> <ul style="list-style-type: none">a) Diclofenac IR, ERb) flurbiprofenc) ibuprofen (prescription strength)d) naproxen (prescription strength)e) indomethacin or indomethacin ERf) meloxicamg) nabumetoneh) piroxicami) sulindac <p>Authorization will be issued for 12 months.</p>

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may also be in place.

4. References:

1. Ketoprofen [package insert]. East Brunswick, NJ: Avet Pharmaceuticals Inc.; March 2021.
2. Ketoprofen extended-release [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc.; March 2021.

Program	Step Therapy – Oral NSAIDs
Change Control	
5/2020	New program.
10/2020	Renamed policy to Oral NSAIDs, revised background, and revised step one medication list to drugs on formulary.
11/2020	Updated ST alternatives to align build file and set up for UHC Value & Balance Exchange for 1/2021 implementation.
6/2021	No updates to criteria. Updated references.
9/2021	Review for 2022 implementation. Removed markets in scope and step therapy detailed definition.
6/2022	Annual review. No updates.