

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Oral and Injectable Ketorolac Agents Quantity Limit

Override(s)	Approval Duration
Prior Authorization Quantity Limit	30 days

Medications	Quantity Limit
Ketorolac 10mg tablet	20 tablets per 30 days
Ketorolac 15mg/ml solution for injection	4 injections (4 mL) per 30 days
Ketorolac 30mg/ml solution for injection	2 injections (2 mL) per 30 days
Ketorolac 60mg/2 mL solution for injection	1 injection (2 mL) per 30 days

APPROVAL CRITERIA

Requests for an increased quantity of **ketorolac solution for injection** may be approved up to a maximum of 600 mg [up to a total of forty (40) 15 mg/mL, twenty (20) 30 mg/mL injections, and ten (10) 60 mg/2 mL injections] per 30 days if the following criterion is met:

- I. Individual is using for short term (less than or equal to 5 days) moderately severe, acute pain management.

Requests for an increased quantity of **ketorolac tablets** may be approved **one time** for an additional 20 tablets for individuals who meet the following criterion:

- II. Individual has suffered more than one moderately severe acute injury within 30 days (e.g. broken arm one week, sprained ankle two weeks later)

Note:

Ketorolac has a black box warning regarding the risk for gastrointestinal bleeding/perforation which can be fatal, cardiovascular thrombotic events such as stroke and myocardial infarction, renal impairment, increased bleeding risk, and risks associated with use in those lower body weight and moderately elevated serum creatinine.

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Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 3, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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