

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class**Ketorolac (Toradol)****Clinical Edit Information Included in this Document****Ketorolac (Toradol) – Oral**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

Ketorolac (Toradol) – Injectable

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
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Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and posting to website



Ketorolac (Toradol)

Oral

Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
KETOROLAC 10 MG TABLET	32531



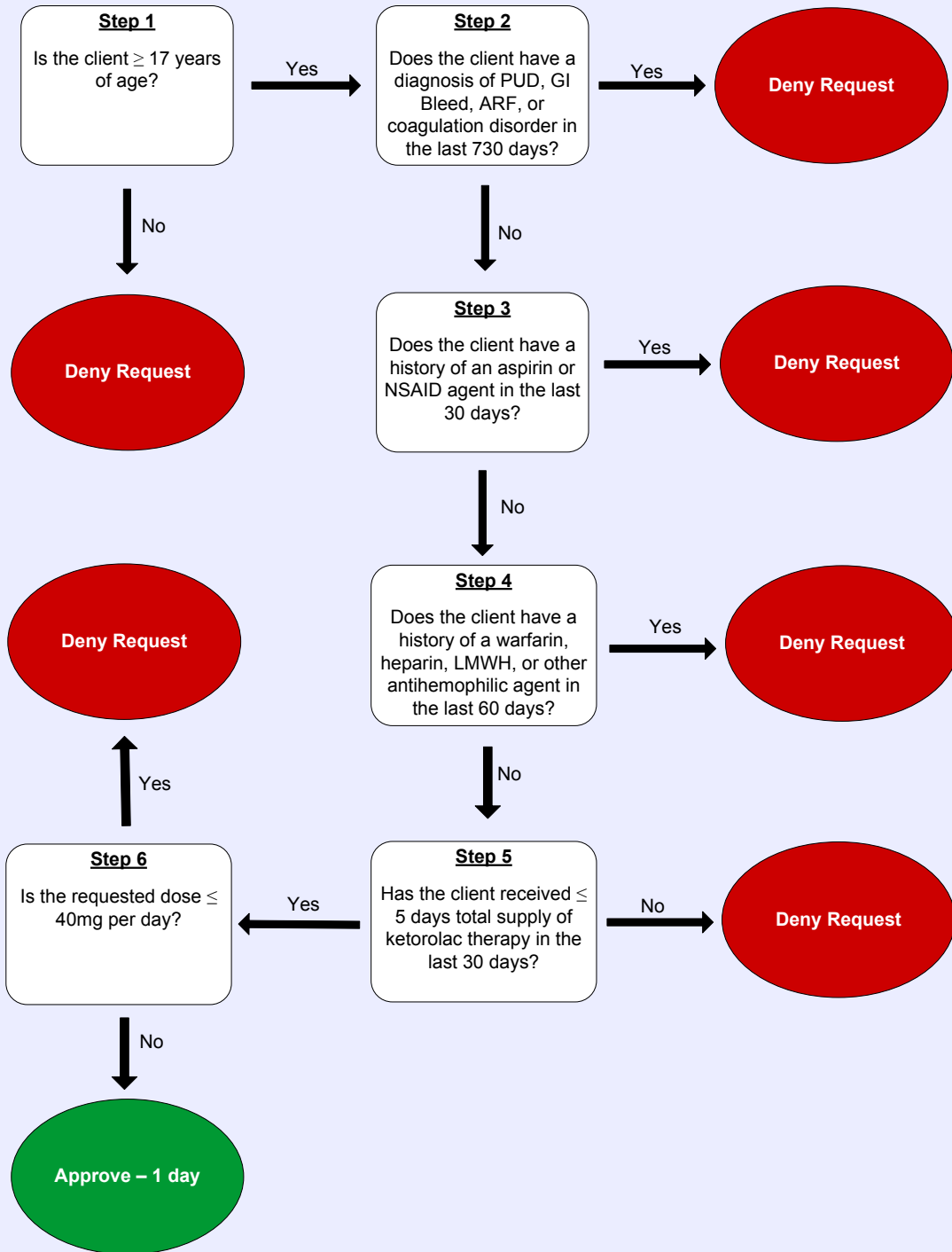
Ketorolac (Toradol)
Oral
Clinical Edit Criteria Logic

1. Is the client greater than or equal to (\geq) 17 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of Peptic Ulcer Disease (PUD), GI Bleed, advanced renal failure (ARF), or coagulation disorder in the last 730 days?
 Yes (Deny)
 No (Go to #3)
3. Does the client have a history of an aspirin or NSAID agent in the last 30 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a history of a warfarin, heparin, low-molecular-weight heparin (LMWH), or other antihemophilic agent in the last 60 days?
 Yes (Deny)
 No (Go to #5)
5. Has the client received less than or equal to (\leq) 5 days total supply of ketorolac therapy in the past 30 days?
 Yes (Go to #6)
 No (Deny)
6. Is the requested dose less than or equal to (\leq) 40 mg per day?
 Yes (Approve – 1 day)
 No (Deny)



Ketorolac (Toradol) Oral

Clinical Edit Criteria Logic Diagram





Ketorolac (Toradol) Oral

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of Peptic Ulcer Disease (PUD), GI bleed, Advanced Renal Failure (ARF), or coagulation disorder) Required diagnosis: 1 Look back timeframe: 730 days	
PUD, GI Bleed, ARF, and Coagulation Disorder Diagnoses	
ICD-9 Code	Description
2860	CONG FACTOR VIII DISORDER
2861	CONG FACTOR IX DISORDER
2862	CONG FACTOR XI DISORDER
2863	CONG DEF CLOT FACTOR NEC
2864	VON WILLEBRAND'S DISEASE
2865	HERMORRAGIC DISORDER DUE TO INTRINSIC CIRCULATING ANTICOAGULANTS
2866	DEFIBRINATION SYNDROME
2867	ACQ COAGUL FACTOR DEFIC
2869	COAGULAT DEFECT NEC/NOS
40300	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40301	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40311	HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40391	HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
53100	AC STOMACH ULCER W HEM
53101	AC STOMACH ULC W HEM-OBST
53110	AC STOMACH ULCER W PERF
53111	AC STOM ULC W PERF-OBST
53120	AC STOMACH ULC W HEM/PERF
53121	AC STOM ULC HEM/PERF-OBS
53130	ACUTE STOMACH ULCER NOS
53131	AC STOMACH ULC NOS-OBSTR
53140	CHR STOMACH ULC W HEM
53141	CHR STOM ULC W HEM-OBSTR
53150	CHR STOMACH ULCER W PERF
53151	CHR STOM ULC W PERF-OBST

Step 2 (diagnosis of Peptic Ulcer Disease (PUD), GI bleed, Advanced Renal Failure (ARF), or coagulation disorder)

Required diagnosis: 1

Look back timeframe: 730 days

PUD, GI Bleed, ARF, and Coagulation Disorder Diagnoses

ICD-9 Code	Description
53160	CHR STOMACH ULC HEM/PERF
53161	CHR STOM ULC HEM/PERF-OB
53170	CHR STOMACH ULCER NOS
53171	CHR STOMACH ULC NOS-OBST
53190	STOMACH ULCER NOS
53191	STOMACH ULCER NOS-OBSTR
53200	AC DUODENAL ULCER W HEM
53201	AC DUODEN ULC W HEM-OBST
53210	AC DUODENAL ULCER W PERF
53211	AC DUODEN ULC PERF-OBSTR
53220	AC DUODEN ULC W HEM/PERF
53221	AC DUOD ULC HEM/PERF-OBS
53230	ACUTE DUODENAL ULCER NOS
53231	AC DUODENAL ULC NOS-OBST
53240	CHR DUODEN ULCER W HEM
53241	CHR DUODEN ULC HEM-OBSTR
53250	CHR DUODEN ULCER W PERF
53251	CHR DUODEN ULC PERF-OBST
53260	CHR DUODEN ULC HEM/PERF
53261	CHR DUOD ULC HEM/PERF-OB
53270	CHR DUODENAL ULCER NOS
53271	CHR DUODEN ULC NOS-OBSTR
53290	DUODENAL ULCER NOS
53291	DUODENAL ULCER NOS-OBSTR
53300	AC PEPTIC ULCER W HEMORR
53301	AC PEPTIC ULC W HEM-OBST
53310	AC PEPTIC ULCER W PERFOR
53311	AC PEPTIC ULC W PERF-OBS
53320	AC PEPTIC ULC W HEM/PERF
53321	AC PEPT ULC HEM/PERF-OBS
53330	ACUTE PEPTIC ULCER NOS
53331	AC PEPTIC ULCER NOS-OBST
53340	CHR PEPTIC ULCER W HEM

Step 2 (diagnosis of Peptic Ulcer Disease (PUD), GI bleed, Advanced Renal Failure (ARF), or coagulation disorder)

Required diagnosis: 1

Look back timeframe: 730 days

PUD, GI Bleed, ARF, and Coagulation Disorder Diagnoses

ICD-9 Code	Description
53341	CHR PEPTIC ULC W HEM-OBS
53350	CHR PEPTIC ULCER W PERF
53351	CHR PEPTIC ULC PERF-OBST
53360	CHR PEPT ULC W HEM/PERF
53361	CHR PEPT ULC HEM/PERF-OB
53370	CHRONIC PEPTIC ULCER NOS
53371	CHR PEPTIC ULCER NOS-OBS
53390	PEPTIC ULCER NOS
53391	PEPTIC ULCER NOS-OBSTRUC
5804	AC RAPIDLY PROGR NEPHRIT
5824	CHR RAPID PROGR NEPHRIT
5834	RAPIDLY PROG NEPHRIT NOS
5854	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE).
5855	CHRONIC KIDNEY DISEASE, STAGE V.
5856	END STAGE RENAL DISEASE.
5859	CHRONIC KIDNEY DISEASE, UNSPECIFIED.
587	RENAL SCLEROSIS NOS
V560	RENAL DIALYSIS ENCOUNTER
V561	FT/ADJ XTRCORP DIAL CATH
V562	FIT/ADJ PERIT DIAL CATH
V5631	HEMODIALYSIS TESTING
V5632	PERITONEAL DIALYSIS TEST
V568	DIALYSIS ENCOUNTER, NEC

Step 3 (history of aspirin or NSAID use)

Required quantity: 1

Look back timeframe: 30 days

Aspirin and NSAID Agents

Label Name	GCN
ADD STREN PAIN REL TABLET	10414
AGGRENEX CAPSULE SA	95347
ALL DAY PAIN RELIEF 220 MG TAB	47132
ALL DAY PAIN RLF 220 MG CAPLET	47132

Step 3 (history of aspirin or NSAID use)	
Required quantity: 1	
Look back timeframe: 30 days	
Aspirin and NSAID Agents	
Label Name	GCN
ANAPROX DS 550 MG TABLET	47131
ARTHROTEC EC 50 MG-200 MCG TAB	62729
ARTHROTEC EC 75 MG-200 MCG TAB	06263
ASCOMP WITH CODEINE CAPSULE	69500
ASPIRIN 81 MG CHEWABLE TABLET	16713
ASPIRIN ADULT 81 MG CHEW TAB	16713
ASPIRIN 325 MG TABLET	16701
ASPIRIN COATED 325 MG TABLET	16701
ASPIRIN EC 81 MG TABLET	00161
ASPIRIN EC 325 MG TABLET	16720
ASPIR-LOW EC 81 MG TABLET	00161
BUTALBITAL COMP-CODEINE #3 CAP	69500
BUTALBITAL COMPOUND CAPSULE	71150
BUTALBITAL COMPOUND TABLET	71160
BUTALBITAL-ASA-CAFFEINE CAP	71150
BUTALBITAL-ASA-CAFFEINE TABLET	71160
CARISOPRODL-ASPIRIN 200-325 MG	94380
CARISOPRODOL COMPOUND TAB	94380
CARISOPRODOL CPD-CODEINE TAB	13995
CATAFLAM 50 MG TABLET	13960
CELEBREX 50 MG CAPSULE	97785
CELEBREX 100 MG CAPSULE	42001
CELEBREX 200 MG CAPSULE	42002
CELEBREX 400 MG CAPSULE	18127
CHILD ASPIRIN 81 MG CHEW TAB	16713
CHILD IBUPROFEN 100 MG/5 ML	35930
CHILDREN IBUPROFEN 100 MG/5 ML	35930
CHILDREN'S MEDI-PROFEN SUSP	35930
CLINORIL 200 MG TABLET	35801
DAYPRO 600 MG CAPLET	01750
DICLOFENAC POT 50 MG TABLET	13960
DICLOFENAC SOD DR 50 MG TAB	35851
DICLOFENAC SOD DR 75 MG TAB	35852
DICLOFENAC SOD EC 25 MG TAB	35850

Step 3 (history of aspirin or NSAID use)	
Required quantity: 1	
Look back timeframe: 30 days	
Aspirin and NSAID Agents	
Label Name	GCN
DICLOFENAC SOD EC 50 MG TAB	35851
DICLOFENAC SOD EC 75 MG TAB	35852
DICLOFENAC SOD ER 100 MG TAB	13310
DUEXIS 800-26.6 MG TABLET	30547
EFFERVESCENT PAIN RELIEF TAB	25515
EFFERVESCENT PAIN RELIEF TB	71360
ENDODAN 4.83-325 MG TABLET	26836
ETODOLAC 200 MG CAPSULE	33870
ETODOLAC 300 MG CAPSULE	33871
ETODOLAC 400 MG TABLET	61761
ETODOLAC 500 MG TABLET	61766
ETODOLAC ER 400 MG TABLET	61765
ETODOLAC ER 500 MG TABLET	61767
ETODOLAC ER 600 MG TABLET	61762
FELDENE 10 MG CAPSULE	35820
FELDENE 20 MG CAPSULE	35821
FENOPROFEN 600 MG TABLET	35760
FIORINAL 50-325-40 MG CAPSULE	71150
FIORINAL-COD 30-50-325-40 CAP	69500
FLECTOR 1.3% PATCH	97958
FLURBIPROFEN 50 MG TABLET	35710
FLURBIPROFEN 100 MG TABLET	35711
HEADACHE PAIN RELIEF TABLET	10414
HYDROCODONE BT-IBUPROFEN TAB	63101
IBUDONE 5-200 MG TABLET	22678
IBUDONE 10-200 MG TABLET	99371
IBU-DROPS 40 MG/ML SUSP DRPS	35931
IBUPROFEN 100 MG/5 ML SUSP	35930
IBUPROFEN 200 MG CAPLET	35743
IBUPROFEN 200 MG TABLET	35743
IBUPROFEN 400 MG TABLET	35741
IBUPROFEN 600 MG TABLET	35742
IBUPROFEN 800 MG TABLET	35744
IBUPROFEN COLD SUSPENSION	86172

Step 3 (history of aspirin or NSAID use)	
Required quantity: 1	
Look back timeframe: 30 days	
Aspirin and NSAID Agents	
Label Name	GCN
IBUPROFEN COLD-SINUS CPLT	92250
IBUPROFEN JR STR 100 MG TB CHW	35749
INDOMETHACIN 25 MG CAPSULE	35680
INDOMETHACIN 50 MG CAPSULE	35681
INDOMETHACIN ER 75 MG CAPSULE	35690
INFANT IBUPROFEN 50 MG/1.25 ML	35931
INFANTS IBU-DROPS SUSPENSION	35931
KETOPROFEN 50 MG CAPSULE	34420
KETOPROFEN 75 MG CAPSULE	34421
KETOPROFEN ER 200 MG CAPSULE	33792
LITE COAT ASPIRIN 325 MG TAB	16701
MECLOFENAMATE 50 MG CAPSULE	35811
MECLOFENAMATE 100 MG CAPSULE	35810
MEDI-PROFEN 200 MG CAPLET	35743
MEDI-PROFEN 200 MG TABLET	35743
MEFENAMIC ACID 250 MG CAPSULE	16530
MELOXICAM 7.5 MG/5 ML SUSP	26227
MELOXICAM 7.5 MG TABLET	31661
MELOXICAM 15 MG TABLET	31662
MIGRAINE FORMULA CAPLET	10414
MOBIC 7.5 MG TABLET	31661
MOBIC 15 MG TABLET	31662
NABUMETONE 500 MG TABLET	32961
NABUMETONE 750 MG TABLET	32962
NAPRELAN CR 375 MG TABLET	98900
NAPRELAN CR 500 MG TABLET	92253
NAPRELAN CR 750 MG TABLET	16134
NAPROSYN 125 MG/5 ML SUSPEN	41670
NAPROSYN 250 MG TABLET	35790
NAPROSYN 375 MG TABLET	35792
NAPROSYN EC 500 MG TABLET	61851
NAPROXEN 125 MG/5 ML SUSPEN	41670
NAPROXEN 250 MG TABLET	35790
NAPROXEN 375 MG TABLET	35792

Step 3 (history of aspirin or NSAID use)	
Required quantity: 1	
Look back timeframe: 30 days	
Aspirin and NSAID Agents	
Label Name	GCN
NAPROXEN 500 MG TABLET	35793
NAPROXEN EC 375 MG TABLET	61850
NAPROXEN EC 500 MG TABLET	61851
NAPROXEN SODIUM 220 MG CAPLET	47132
NAPROXEN SODIUM 275 MG TAB	47130
NAPROXEN SODIUM 550 MG TAB	47131
ORPHENADRINE COMP FORTE TAB	71200
ORPHENADRINE COMP TABLET	71190
OXAPROZIN 600 MG TABLET	01750
OXYCODONE-ASA 4.5-0.38-325 TAB	70481
OXYCODONE-ASPIRIN 4.83-325 MG	26836
OXYCODONE-IBUPROFEN 5-400 TAB	23827
PENNSAID 1.5% SOLUTION	19454
PERCODAN TABLET	26836
PIROXICAM 10 MG CAPSULE	35820
PIROXICAM 20 MG CAPSULE	35821
PONSTEL 250 MG KAPSEALS	16530
QC ASPIRIN 325 MG TABLET	16701
QC ASPIRIN EC 325 MG TABLET	16720
QC CHILD ASPIRIN 81 MG CHW TAB	16713
QC HEADACHE RELIEF TABLET	10414
QC IBUPROFEN 200 MG CAPLET	35743
QC IBUPROFEN 200 MG SOFTGEL	35431
QC IBUPROFEN 200 MG TABLET	35743
QC LO-DOSE ASPIRIN EC 81 MG TB	00161
QC NAPROXEN SOD 220 MG TABLET	47132
REPREXAIN 2.5-200 MG TABLET	16279
REPREXAIN 5-200 MG TABLET	22678
REPREXAIN 7.5-200 MG TABLET	63101
REPREXAIN 10-200 MG TABLET	99371
SM ADDED STRENGTH HEADACHE TAB	10414
SM ASPIRIN 325 MG TABLET	16701
SM ASPIRIN EC 81 MG TABLET	00161
SM CHILD ASPIRIN 81 MG CHW TAB	16713

Step 3 (history of aspirin or NSAID use)	
Required quantity: 1	
Look back timeframe: 30 days	
Aspirin and NSAID Agents	
Label Name	GCN
SM IBUPROFEN 200 MG CAPLET	35743
SM IBUPROFEN IB 200 MG CAPLET	35743
SOLARAZE 3% GEL	86831
SULINDAC 150 MG TABLET	35800
SULINDAC 200 MG TABLET	35801
TOLMETIN SODIUM 200 MG TAB	35780
TOLMETIN SODIUM 400 MG CAP	35770
TOLMETIN SODIUM 600 MG TAB	35781
TREXIMET 85-500 MG TABLET	99597
VICOPROFEN 200-7.5 MG TAB	63101
VIMOVO 375-20 MG TABLET	28572
VIMOVO 500-20 MG TABLET	28570
VOLTAREN 1% GEL	45680
VOLTAREN-XR 100 MG TABLET	13310
ZIPSOR 25 MG CAPSULE	27392
ZORPRIN CR 800 MG TABLET	16741

Step 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH) or other antihemophilic drug)	
Required quantity: 1	
Look back timeframe: 60 days	
Warfarin, Heparin, LWMH, and Other Antihemophilic Agents	
Label Name	GCN
ADVATE 200-400 UNITS VIAL	98833
ADVATE 401-800 UNITS VIAL	98831
ADVATE 801-1,200 UNITS VIAL	98832
ADVATE 1,201-1,800 UNITS VIAL	98830
ADVATE 1,801-2,400 UNITS VIAL	98764
ADVATE 2,400-3,600 UNITS VIAL	98834
ALPHANATE 250-100 UNIT VIAL	27332
ALPHANATE 500-200 UNIT VIAL	27333
ALPHANATE 1,000-400 UNIT VIAL	27334
ALPHANATE 1,500-600 UNIT VIAL	27335
ALPHANINE SD 500 UNITS VIAL	91671

Step 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH) or other antihemophilic drug)

Required quantity: 1

Look back timeframe: 60 days

Warfarin, Heparin, LWMH, and Other Antihemophilic Agents

Label Name	GCN
ALPHANINE SD 1,000 UNITS VIAL	91672
BEBULIN 200-1,200 UNITS VIAL	25144
BENEFIX 250 UNIT KIT	25154
BENEFIX 500 UNIT KIT	25153
BENEFIX 1,000 UNIT KIT	25152
BENEFIX 2,000 UNIT KIT	98600
BENEFIX 250 UNIT VIAL	25154
BENEFIX 500 UNIT VIAL	25153
BENEFIX 1,000 UNIT VIAL	25152
COUMADIN 1 MG TABLET	25792
COUMADIN 2 MG TABLET	25791
COUMADIN 2.5 MG TABLET	25794
COUMADIN 3 MG TABLET	25796
COUMADIN 4 MG TABLET	25797
COUMADIN 5 MG TABLET	25793
COUMADIN 6 MG TABLET	25798
COUMADIN 7.5 MG TABLET	25795
COUMADIN 10 MG TABLET	25790
COUMADIN 5 MG VIAL	25800
ENOXAPARIN 30 MG/0.3 ML SYR	00420
ENOXAPARIN 40 MG/0.4 ML SYR	70022
ENOXAPARIN 60 MG/0.6 ML SYR	62771
ENOXAPARIN 80 MG/0.8 ML SYR	62772
ENOXAPARIN 100 MG/ML SYR	62773
ENOXAPARIN 120 MG/0.8 ML SYR	42091
ENOXAPARIN 150 MG/ML SYR	42071
FEIBA VH IMMUNO 400-650 UNITS	23816
FEIBA VH IMMUNO 651-1,200 UNIT	23815
FEIBA VH IMMUNO 1,750-3,250 UNIT	26335
FEIBA NF 400-650 UNIT VIAL	23816
FEIBA NF 651-1,200 UNIT VIAL	23815
FEIBA NF 1,750-3,250 UNIT VIAL	26335
FRAGMIN 2,500 UNITS SYRINGE	63488

Step 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH) or other antihemophilic drug)

Required quantity: 1

Look back timeframe: 60 days

Warfarin, Heparin, LWMH, and Other Antihemophilic Agents

Label Name	GCN
FRAGMIN 5,000 UNITS SYRINGE	63431
FRAGMIN 7,500 UNITS SYRINGE	94116
FRAGMIN 10,000 UNITS SYRINGE	95075
FRAGMIN 12,500 UNITS SYRINGE	93952
FRAGMIN 15,000 UNITS SYRINGE	93953
FRAGMIN 18,000 UNITS SYRINGE	93954
FRAGMIN 25,000 UNITS/ML VIAL	95776
HELIXATE FS 2,000 UNIT VIAL	26818
HELIXATE FS 250 UNIT VIAL	25123
HELIXATE FS 500 UNIT VIAL	25125
HEMOFIL M 220-400 UNITS VIAL	26777
HEMOFIL M 401-800 UNITS VIAL	26778
HEPARIN LOCK 100 UNITS/ML VIAL	25692
HEPARIN SOD 1,000 UNIT/ML VIAL	26429
HEPARIN SOD 1,000 UNIT/ML VIAL	46952
HEPARIN SOD 5,000 UNIT/ML VIAL	25691
HEPARIN SOD 10,000 UNIT/ML VL	25697
HEPARIN SOD 20,000 UNIT/ML VL	46953
HEPARIN-D5W 25,000 UNIT/500 ML	26423
HEPARIN-NS 1,000 UNIT/500 ML	99925
HUMATE-P 600 UNIT VWF:RCO	26449
HUMATE-P 1,200 UNIT VWF:RCO	26451
HUMATE-P 2,400 UNIT VWF:RCO	26450
JANTOVEN 1 MG TABLET	25792
JANTOVEN 2 MG TABLET	25791
JANTOVEN 2.5 MG TABLET	25794
JANTOVEN 3 MG TABLET	25796
JANTOVEN 4 MG TABLET	25797
JANTOVEN 5 MG TABLET	25793
JANTOVEN 6 MG TABLET	25798
JANTOVEN 7.5 MG TABLET	25795
JANTOVEN 10 MG TABLET	25790
KOATE-DVI 250 UNIT KIT	09629

Step 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH) or other antihemophilic drug)**Required quantity: 1****Look back timeframe: 60 days****Warfarin, Heparin, LWMH, and Other Antihemophilic Agents**

Label Name	GCN
KOATE-DVI 500 UNITS KIT	09634
KOATE-DVI 1,000 UNITS KIT	09628
KOGENATE FS 250 UNIT VIAL	25123
KOGENATE FS 500 UNIT VIAL	25125
KOGENATE FS 2,000 UNIT VIAL	26818
LOVENOX 30 MG PREFILLED SYRN	00420
LOVENOX 40 MG PREFILLED SYRN	70022
LOVENOX 60 MG PREFILLED SYRN	62771
LOVENOX 80 MG PREFILLED SYRN	62772
LOVENOX 100 MG PREFILLED SYR	62773
LOVENOX 120 MG PREFILLED SYR	42091
LOVENOX 150 MG PREFILLED SYR	42071
LOVENOX 300 MG/3 ML VIAL	96334
MONOCLATE-P 250 UNIT KIT	09629
MONOCLATE-P 1,000 UNITS KIT	09628
MONOCLATE-P 1,500 UNITS KIT	89260
MONOCLATE-P 500AHFU KIT	09634
NOVOSEVEN RT 1,000 MCG VIAL	99696
NOVOSEVEN RT 2,000 MCG VIAL	99697
NOVOSEVEN RT 5,000 MCG VIAL	99698
PROFILNINE SD 500 UNITS VIAL	25142
RECOMBINATE 220-400 UNIT VIAL	25123
RECOMBINATE 401-800 UNIT VIAL	25125
RECOMBINATE 1,801-2,400 UNIT V	26818
WARFARIN SODIUM 1 MG TABLET	25792
WARFARIN SODIUM 2 MG TABLET	25791
WARFARIN SODIUM 2.5 MG TABLET	25794
WARFARIN SODIUM 3 MG TABLET	25796
WARFARIN SODIUM 4 MG TABLET	25797
WARFARIN SODIUM 5 MG TABLET	25793
WARFARIN SODIUM 6 MG TABLET	25798
WARFARIN SODIUM 7.5 MG TABLET	25795
WARFARIN SODIUM 10 MG TABLET	25790

Step 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH) or other antihemophilic drug)	
Required quantity: 1	
Look back timeframe: 60 days	
Warfarin, Heparin, LWMH, and Other Antihemophilic Agents	
Label Name	GCN
XYNTHA 250 UNIT KIT	99870
XYNTHA 500 UNIT KIT	99871
XYNTHA 1,000 UNIT KIT	99872
XYNTHA 2,000 UNIT KIT	99873

Step 5 (received less than or equal to 5 days total supply of ketorolac therapy)	
Required quantity: 1	
Look back timeframe: 30 days	
Ketorolac Therapies	
Label Name	GCN
KETOROLAC 10 MG TABLET	32531
KETOROLAC 15 MG/ML VIAL	35238
KETOROLAC 30 MG/ML VIAL	35239
KETOROLAC 60 MG/2 ML VIAL	35236



Ketorolac (Toradol) Injectable

Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
KETOROLAC 15 MG/ML VIAL	35238
KETOROLAC 30 MG/ML VIAL	35239
KETOROLAC 60 MG/ML VIAL	35236



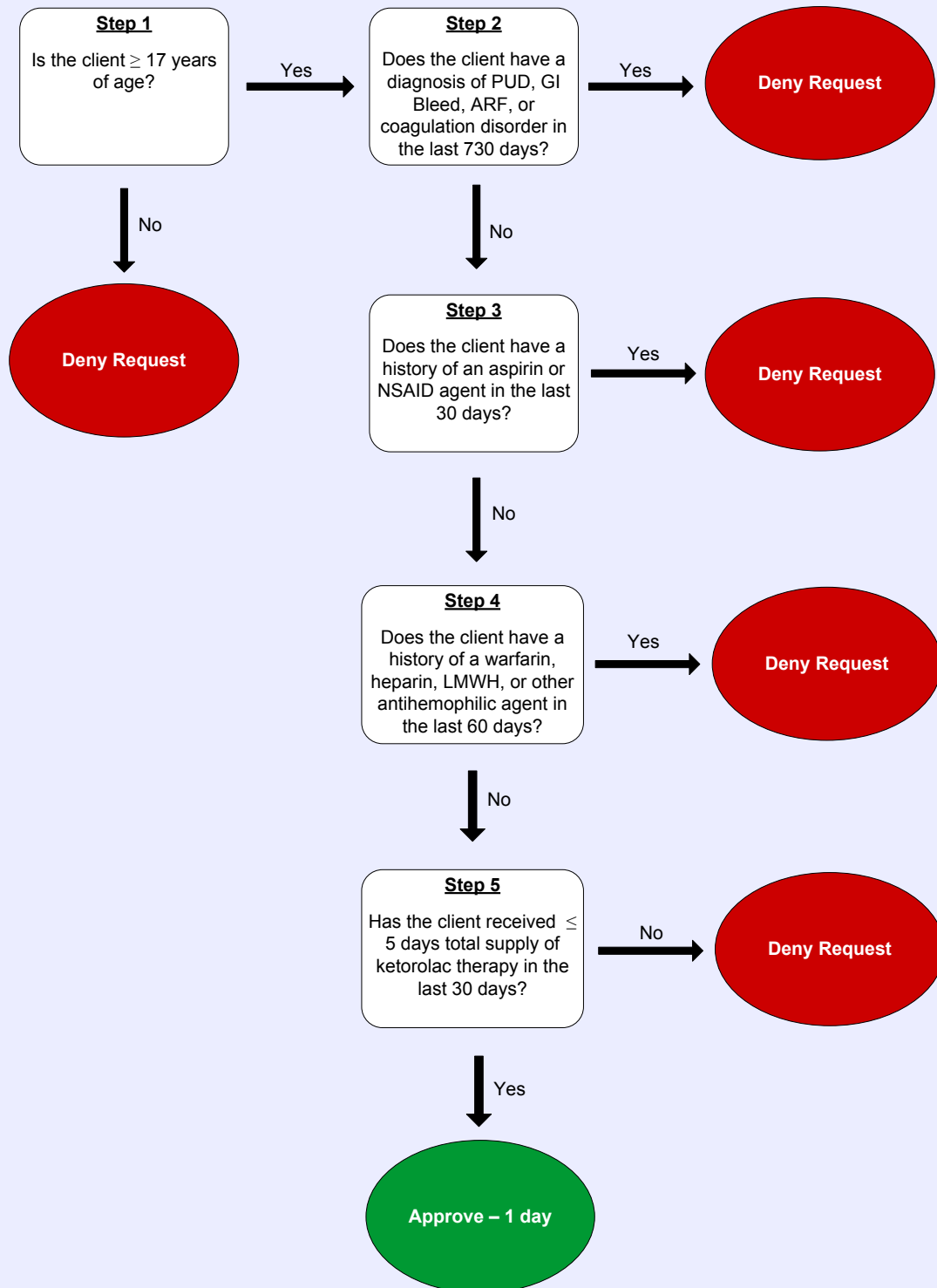
**Ketorolac (Toradol)
Injectable
Clinical Edit Criteria Logic**

1. Is the client greater than or equal to (\geq) 17 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of Peptic Ulcer Disease (PUD), GI Bleed, advanced renal failure (ARF), or coagulation disorder in the last 730 days?
 Yes (Deny)
 No (Go to #3)
3. Does the client have a history of an aspirin or NSAID agent in the last 30 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a history of a warfarin, heparin, low-molecular-weight heparin (LMWH), or other antihemophilic agent in the last 60 days?
 Yes (Deny)
 No (Go to #5)
5. Has the client received less than or equal to (\leq) 5 days total supply of ketorolac therapy in the last 30 days?
 Yes (Approve – 1 Day)
 No (Deny)



Ketorolac (Toradol) Injectable

Clinical Edit Criteria Logic Diagram





Ketorolac (Toradol) Injectable

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of Peptic Ulcer Disease (PUD), GI bleed, Advanced Renal Failure (ARF), or coagulation disorder)

Required diagnosis: 1

Look back timeframe: 730 days

For the list of diagnoses that pertain to this step, see the **PUD, GI Bleed, ARF, and Coagulation Disorder Diagnoses** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 3 (history of aspirin or NSAID use)

Required quantity: 1

Look back timeframe: 30 days

For the list of agents that pertain to this step, see the **Aspirin and NSAID Agents** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH) or other antihemophilic drug)

Required quantity: 1

Look back timeframe: 60 days

For the list of agents that pertain to this step, see the **Warfarin, Heparin, LMWH, and Other Antihemophilic Drugs** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 5 (received less than or equal to 5 days total supply of ketorolac therapy)**Required quantity: 1****Look back timeframe: 30 days**

For the list of therapies that pertain to this step, see the [Ketorolac Therapies](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.



Ketorolac (Toradol)

Clinical Edit Criteria References

1. Toradol® (ketorolac) Prescribing Information. Nutley, NJ: Roche Pharmaceuticals, November 2007.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/12/2012	Initial publication and posting to website