



## Prior Authorization Approval Criteria

### *Sprix (ketorolac tromethamine)*

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|---|---|
| <b>Generic name:</b>                            | ketorolac tromethamine  |
| <b>Brand name:</b>                              | Sprix   |
| <b>Medication class:</b>                        | Nonsteroidal anti-inflammatory drug   |
| <b>FDA-approved uses:</b>                       | Short term (up to five days) management of moderate to moderately severe pain that requires analgesia at the opioid level |
| <b>Available dosage forms:</b>                  | Nasal spray; 15.75mg/actuation; 8 actuations per bottle   |
| <b>Usual dose:</b>                              | One spray in each nostril every 6-8 hours. Maximum 4 doses per day  |
| <b>Approximate cost:</b><br>(based on AWP 2011) | \$165 for 5 days of treatment   |
| <b>Duration of therapy:</b>                     | Maximum of 5 days   |

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Clinically documented acute pain
- Failed/intolerant to generic NSAID's
- Failed/intolerant to Celebrex  
\*Celebrex requires a PA
- Failed/intolerant to FCHP preferred opioids including morphine sulfate, methadone, Duragesic patches
- Failed/intolerant to generic ketorolac tromethamine tablets  
\*ketorolac tablets requires a PA
- Maximum combined duration of use of any form of ketorolac is not to exceed 5 days
- Total daily dose of Sprix not to exceed 126mg (1 bottle per day)

**Not approved if:**

- Patient is less than 18 years of age
- Patient has high risk of GI bleed
- Patient has any risk of bleed potential, including CVA, TIA
- Patient needs medication for a longer period than 5 days

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 09/07/2011