



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: ketorolac

Brand Name: Toradol

Medication Class: non-steroidal anti-inflammatory agent

FDA Approved Uses: pain, limited duration of use, not over 5 days per treatment therapy, oral medication must follow injectable, if the injectable form has not been administered the oral form can not be given

Usual Dose: oral dose: 10-30mg Q 6 hrs PRN, after injectable dose

Duration of Therapy: indefinite

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

- Failed/intolerant to generic NSAID's
- Failed/intolerant to FCHP preferred COX-2 agent
- Failed/intolerant to FCHP preferred opioids including morphine sulfate, methadone, Duragesic patches
- Clinically documented acute pain
- Injectable Toradol must have been administered at least once prior to receiving each course of oral Toradol therapy.
Note: Toradol oral is indicated only as continuation therapy to injectable Toradol
- Maximum combined duration of use of the injectable and oral is not to exceed 5 days
Note: Not to exceed 5 days because of increased risk of serious adverse events.
- Total daily dose of oral Toradol not to exceed 40mg.

Not approved if:

- 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
- Injectable Toradol has not been administered

P&T Approval: _____ Date: _____