



**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
- 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: \_\_\_\_\_