

Ketorolac Drug Use Criteria

Created: 6/8/17

Updated: 5/13/19, 3/22/2024

Includes:

<u>Brand®</u>	<u>Generic</u>
Toradol®	Ketorolac

**This policy only applies to oral ketorolac tablets prescribed for outpatient use. Injectable ketorolac administered at the provider office is not included as part of this drug use criteria for coverage.*

GUIDELINE FOR USE:

Initial Request:

1. Is the medication being used to treat a funded condition for coverage by Oregon Health Plan?
 - a. If yes, go to #4
 - b. If no, go to #2
2. Is the member 20 years of age or younger?
 - a. If yes, go to #4
 - b. If no, go to #3
3. Does member have a comorbid condition that would allow coverage?
 - a. If yes, go to #4
 - b. If no, deny as below the line. The Oregon Health Plan does not pay for treatment of this condition.
4. Is the medication being used to treat kidney stones?
 - a. If yes, go to #6
 - b. If no, go to #5
5. Has the member trialed and failed at least 2 formulary NSAIDs available without a prior authorization?
 - a. If yes, go to #6
 - b. If no, deny as not meeting criteria. Recommend formulary alternatives available without a prior authorization (ibuprofen, naproxen, indomethacin, sulindac, celecoxib).
6. Is the dose prescribed less than 40mg/day and duration does not exceed 5 days and no contraindications to therapy exist (see below section on contraindications).
 - a. If yes, approve for 5 days of therapy
 - b. If no, deny as not meeting criteria. Off-label use of medications is not a covered benefit on the Oregon Health Plan.

Approved by Western Oregon Advanced Health Pharmacy & Therapeutics Committee on August 28, 2017

Approved by Advanced Health Pharmacy and Therapeutics Committee May 13, 2019, 4/10/2024

Rationale:

Due to the high risk of adverse events associated with ketorolac and the availability of safer alternative therapies, ketorolac will only be covered when the above drug use criteria are met. Ketorolac should not be used in pediatric patients less than 17 years of age.

FDA Approved Indications:

Ketorolac is indicated for the short-term (≤ 5 days) management of moderate to severe acute pain requiring analgesia at the opioid level. Oral Ketorolac is only indicated as continuation treatment following IV or mg dosing of Ketorolac, if necessary. The total combined duration of use of Ketorolac tablets and injection should not exceed 5 days. Ketorolac is not indicated for use in pediatric patients and is not indicated for minor or chronic painful conditions. Increasing the dose of ketorolac beyond labeled recommendations will not provide better efficacy but will increase the risk of developing serious adverse events.

Mechanism of Action:

Ketorolac reversibly inhibits the COX-1 and COX-2 enzymes which results in decreased formation of prostaglandin precursors.

Dosing:

20mg followed by 10mg every 4 to 6 hours as needed; maximum 40mg/day. Maximum duration: 5 days combined (parenteral, oral, and nasal).

Contraindications:

- Hypersensitivity to ketorolac, aspirin, other NSAIDs
- Active or history of peptic ulcer disease
- Recent or history of GI bleeding or perforation
- History of asthma, urticaria, or allergic-type reactions after taking aspirin or other NSAIDs
- Advanced renal disease or risk of renal failure (due to volume depletion)
- Prophylactic analgesic before any major surgery
- Suspected or confirmed cerebrovascular bleeding, hemorrhagic diathesis, incomplete hemostasis, or high risk of bleeding
- Concurrent use with aspirin, other NSAIDs, probenecid, or pentoxifylline
- Epidural or intrathecal administration (injection only)
- Use in the setting of coronary artery bypass graft (CABG) surgery
- Labor and delivery

References:

- Ketorolac (systemic); Drug Information. UpToDate. January 5, 2024.

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