

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Ketorolac****Clinical Criteria Information Included in this Document****Ketorolac – Oral**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical 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 criteria

Ketorolac – Injectable/Nasal

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

Revision Notes

- Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA'

**Ketorolac
Oral****Drugs Requiring Prior Authorization**

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

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



**Ketorolac
Oral
Clinical 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, cerebrovascular bleeding, 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)

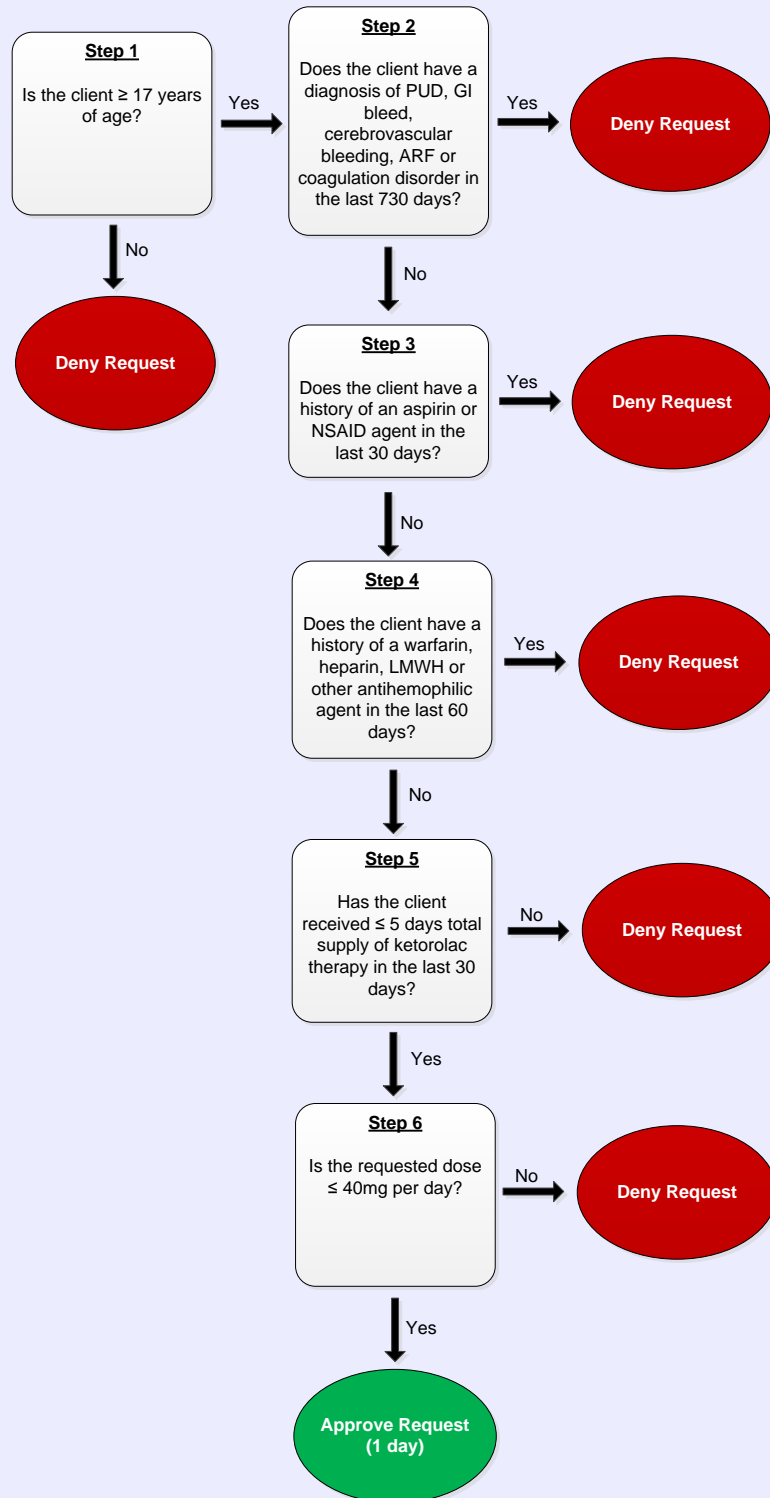
5. Has the client received less than or equal to (\leq) 5 days total supply of ketorolac therapy in the past 30 days?
 Yes (Go to #6)
 No (Deny)

6. Is the requested dose less than or equal to (\leq) 40 mg per day?
 Yes (Approve – 1 day)
 No (Deny)



Ketorolac Oral

Clinical Criteria Logic Diagram





Ketorolac Oral

Clinical Criteria Supporting Tables

Step 2 (diagnosis of peptic ulcer disease (PUD), GI bleed, cerebrovascular bleeding, advanced renal failure (ARF), or coagulation disorder) Required diagnosis: 1 Look back timeframe: 730 days	
PUD, GI Bleed, ARF, and Coagulation Disorder Diagnoses	
ICD-10 Code	Description
D65	DISSEMINATED INTRAVASCULAR COAGULATION [DEFIBRINATION SYNDROME]
D66	HEREDITARY FACTOR VIII DEFICIENCY
D67	HEREDITARY FACTOR IX DEFICIENCY
D680	VON WILLEBRAND'S DISEASE
D681	HEREDITARY FACTOR XI DEFICIENCY
D682	HEREDITARY DEFICIENCY OF OTHER CLOTTING FACTORS
D6832	HEMORRHAGIC DISORDER DUE TO EXTRINSIC CIRCULATING ANTICOAGULANTS
D684	ACQUIRED COAGULATION FACTOR DEFICIENCY
D688	OTHER SPECIFIED COAGULATION DEFECTS
D689	COAGULATION DEFECT, UNSPECIFIED
I120	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 5 CHRONIC KIDNEY DISEASE OR END STAGE RENAL DISEASE
I129	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I6000	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED CAROTID SIPHON AND BIFURCATION
I6001	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM RIGHT CAROTID SIPHON AND BIFURCATION
I6002	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM LEFT CAROTID SIPHON AND BIFURCATION
I6010	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED MIDDLE CEREBRAL ARTERY
I6011	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM RIGHT MIDDLE CEREBRAL ARTERY
I6012	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM LEFT MIDDLE CEREBRAL ARTERY
I602	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM ANTERIOR COMMUNICATING ARTERY
I6030	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED POSTERIOR COMMUNICATING ARTERY

Step 2 (diagnosis of peptic ulcer disease (PUD), GI bleed, cerebrovascular bleeding, advanced renal failure (ARF), or coagulation disorder)	
Required diagnosis: 1	
Look back timeframe: 730 days	
PUD, GI Bleed, ARF, and Coagulation Disorder Diagnoses	
ICD-10 Code	Description
I6031	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM RIGHT POSTERIOR COMMUNICATING ARTERY
I6032	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM LEFT POSTERIOR COMMUNICATING ARTERY
I604	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM BASILAR ARTERY
I6050	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED VERTEBRAL ARTERY
I6051	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM RIGHT VERTEBRAL ARTERY
I6052	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM LEFT VERTEBRAL ARTERY
I606	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM OTHER INTRACRANIAL ARTERIES
I607	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED INTRACRANIAL ARTERY
I608	OTHER NONTRAUMATIC SUBARACHNOID HEMORRHAGE
I609	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED
K250	ACUTE GASTRIC ULCER WITH HEMORRHAGE
K251	ACUTE GASTRIC ULCER WITH PERFORATION
K252	ACUTE GASTRIC ULCER WITH BOTH HEMORRHAGE AND PERFORATION
K253	ACUTE GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION
K254	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH HEMORRHAGE
K255	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH PERFORATION
K256	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH BOTH HEMORRHAGE AND PERFORATION
K257	CHRONIC GASTRIC ULCER WITHOUT HEMORRHAGE OR PERFORATION
K259	GASTRIC ULCER, UNSPECIFIED AS ACUTE OR CHRONIC, WITHOUT HEMORRHAGE OR PERFORATION
K260	ACUTE DUODENAL ULCER WITH HEMORRHAGE
K261	ACUTE DUODENAL ULCER WITH PERFORATION
K262	ACUTE DUODENAL ULCER WITH BOTH HEMORRHAGE AND PERFORATION
K263	ACUTE DUODENAL ULCER WITHOUT HEMORRHAGE OR PERFORATION
K264	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH HEMORRHAGE
K265	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH PERFORATION
K266	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH BOTH HEMORRHAGE AND PERFORATION
K267	CHRONIC DUODENAL ULCER WITHOUT HEMORRHAGE OR PERFORATION

Step 2 (diagnosis of peptic ulcer disease (PUD), GI bleed, cerebrovascular bleeding, advanced renal failure (ARF), or coagulation disorder)	
Required diagnosis: 1	
Look back timeframe: 730 days	
PUD, GI Bleed, ARF, and Coagulation Disorder Diagnoses	
ICD-10 Code	Description
K269	DUODENAL ULCER, UNSPECIFIED AS ACUTE OR CHRONIC, WITHOUT HEMORRHAGE OR PERFORATION
K270	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH HEMORRHAGE
K271	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION
K272	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH BOTH HEMORRHAGE AND PERFORATION
K273	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITHOUT HEMORRHAGE OR PERFORATION
K274	CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH HEMORRHAGE
K275	CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION
K276	CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH BOTH HEMORRHAGE AND PERFORATION
K277	CHRONIC PEPTIC ULCER, SITE UNSPECIFIED, WITHOUT HEMORRHAGE OR PERFORATION
K279	PEPTIC ULCER, SITE UNSPECIFIED, UNSPECIFIED AS ACUTE OR CHRONIC, WITHOUT HEMORRHAGE OR PERFORATION
N010	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N011	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N012	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N013	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N014	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N015	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N016	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N017	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N018	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N019	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N038	CHRONIC NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N059	UNSPECIFIED NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES

Step 2 (diagnosis of peptic ulcer disease (PUD), GI bleed, cerebrovascular bleeding, advanced renal failure (ARF), or coagulation disorder)	
Required diagnosis: 1	
Look back timeframe: 730 days	
PUD, GI Bleed, ARF, and Coagulation Disorder Diagnoses	
ICD-10 Code	Description
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED
N261	ATROPHY OF KIDNEY (TERMINAL)
N269	RENAL SCLEROSIS, UNSPECIFIED
Z4901	ENCOUNTER FOR FITTING AND ADJUSTMENT OF EXTRACORPOREAL DIALYSIS CATHETER
Z4902	ENCOUNTER FOR FITTING AND ADJUSTMENT OF PERITONEAL DIALYSIS CATHETER
Z4931	ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS
Z4932	ENCOUNTER FOR ADEQUACY TESTING FOR PERITONEAL DIALYSIS

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
AGGRENOX CAPSULE SA	95347
ALL DAY PAIN RELIEF 220 MG TAB	47132
ALL DAY PAIN RLF 220 MG CAPLET	47132
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

Step 3 (history of aspirin or NSAID use)	
Required quantity: 1	
Look back timeframe: 30 days	
Aspirin and NSAID Agents	
Label Name	GCN
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
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

Step 3 (history of aspirin or NSAID use)	
Required quantity: 1	
Look back timeframe: 30 days	
Aspirin and NSAID Agents	
Label Name	GCN
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
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

Step 3 (history of aspirin or NSAID use)	
Required quantity: 1	
Look back timeframe: 30 days	
Aspirin and NSAID Agents	
Label Name	GCN
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
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

Step 3 (history of aspirin or NSAID use)	
Required quantity: 1	
Look back timeframe: 30 days	
Aspirin and NSAID Agents	
Label Name	GCN
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
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

Step 3 (history of aspirin or NSAID use)	
Required quantity: 1	
Look back timeframe: 30 days	
Aspirin and NSAID Agents	
Label Name	GCN
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
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

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
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 IMMU 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
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

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
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
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

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
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
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

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 30 MG/ML VIAL	35239
KETOROLAC 60 MG/2 ML VIAL	35236
SPRIX 15.75 MG NASAL SPRAY	29928



Ketorolac Injectable/Nasal

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

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
SPRIX 15.75 MG NASAL SPRAY	29928

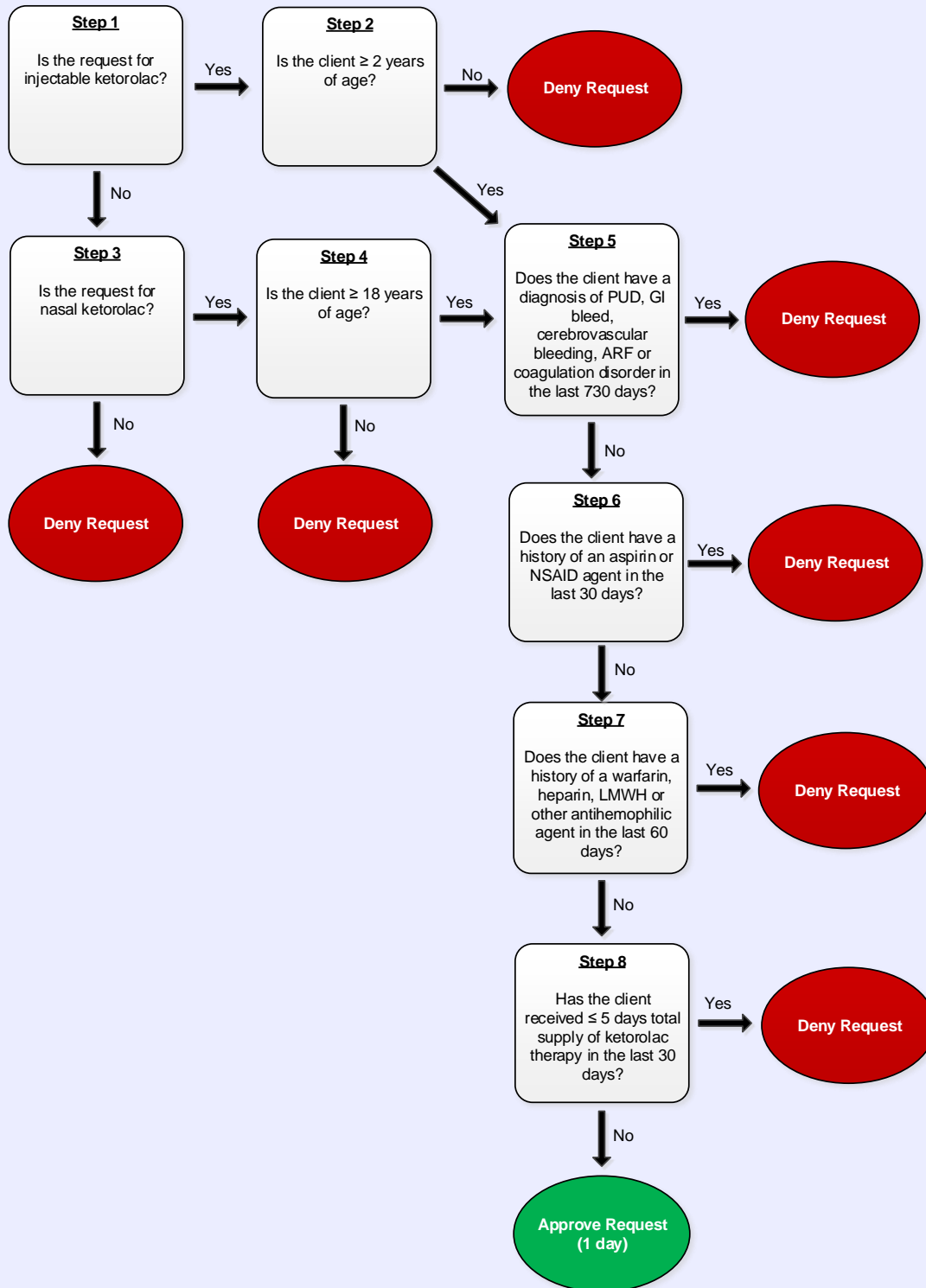


Ketorolac Injectable/Nasal Clinical Criteria Logic

1. Is the request for injectable ketorolac?
 Yes (Go to #2)
 No (Go to #3)
2. Is the client greater than or equal to (\geq) 2 years of age?
 Yes (Go to #5)
 No (Deny)
3. Is the request for nasal ketorolac?
 Yes (Go to #4)
 No (Deny)
4. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #5)
 No (Deny)
5. Does the client have a diagnosis of peptic ulcer disease (PUD), GI bleed, cerebrovascular bleeding, advanced renal failure (ARF), or coagulation disorder in the last 730 days?
 Yes (Deny)
 No (Go to #6)
6. Does the client have a history of an aspirin or NSAID agent in the last 30 days?
 Yes (Deny)
 No (Go to #7)
7. 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 #8)
8. 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 Injectable/Nasal Clinical Criteria Logic Diagram





Ketorolac Injectable/Nasal Clinical Criteria Supporting Tables

Step 5 (diagnosis of peptic ulcer disease (PUD), GI bleed, cerebrovascular bleeding, 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, cerebrovascular bleeding, ARF, and coagulation disorder diagnoses** table in the previous "Supporting Tables" section.

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

Step 6 (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 7 (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 8 (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

Clinical Criteria References

1. Toradol Prescribing Information. Nutley, NJ. Roche Pharmaceuticals. November 2007.
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4. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2017. Available at www.clinicalpharmacology.com. Accessed on June 9, 2017.
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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
04/03/2015	Updated to include ICD-10s
06/07/2015	Updated to include GCN for Sprix nasal spray
08/11/2017	Annual review by staff Updated Table 3, pages 11-16 Updated Table 4, pages 16-20 Updated criteria logic and diagram to include age checks, pages 22-23 Updated references, page 26
03/26/2018	Added cerebrovascular bleeding to question 5 on criteria logic and logic diagram for ketorolac injectable, pages 22 – 23
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table