

Analgesics, Non-Steroidal Anti-Inflammatory Drugs

Goal(s):

- To ensure that non-preferred oral and nasal spray NSAIDs are used for conditions funded by the OHP and support individual review for the EPSDT program.
- Restrict ketorolac to short-term use (5-day supply every 60 days) per the FDA black boxed warning.

Length of Authorization:

- Up to 12 months

Requires PA:

- Non-preferred oral and nasal spray NSAIDs.
- Ketorolac: Maximum of one claim per 60 days, with a maximum 20 tablets/5-day supply or 126 mg/day for nasal spray (maximum 5-day combined duration of treatment every 60 days).

Preferred Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

| Approval Criteria | | |
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| 1. What diagnosis is being treated? | Record ICD10 code. | |
| 2. Is the diagnosis funded by the Oregon Health Plan? | Yes: Go to #4 | No: Current Age \geq 21 years: Pass to RPh. Deny; not funded by the OHP Current age < 21 years: go to #3. |
| 3. Is there documentation of medical appropriateness and medical necessity? Definitions for medical appropriateness include use for an FDA indication AND use, contraindication, or intolerance to preferred agents in the class. Medical necessity includes documentation that the diagnosis impacts the patient's health. | Yes: Go to #4 | No: Pass to RPh; deny medical appropriateness or medical necessity |
| 4. Is this a request for ketorolac, new or continuation of current therapy (i.e. filled prescription within prior 90 days)? Verify via pharmacy claims. | Yes: Document prior therapy in PA record. Go to #5. | No: Go to #6 |

Approval Criteria

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| <p>5. Is request for more than a 5-day supply of ketorolac within 60 days (200 mg total over 5 days for tablets, 630 mg total over 5 days for the nasal spray)?</p> | <p>Yes: Pass to RPh. Deny; medical appropriateness.</p> | <p>No: Go to #6</p> |
| <p>6. Will the prescriber consider switching to a preferred product?</p> <p><u>Message:</u></p> <ul style="list-style-type: none"> • Preferred products do not require PA. • Preferred products are evidence-based and reviewed for comparative effectiveness & safety by the Pharmacy and Therapeutics (P&T) Committee. | <p>Yes: Inform prescriber of covered alternatives in class.</p> | <p>No: Approve for up to 12 months.</p> |

P&T Review: 12/22; 2/21 (KS), 3/16 (MH); 11/14; 9/13; 2/12; 9/09; 2/06
Implementation: 1/1/23; 1/1/15, 1/1/14, 5/14/12, 1/1/10