

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION

**KETOROLAC (ORAL DOSAGE FORMS ONLY)**

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_

Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_

Requested Medication: \_\_\_\_\_ Pharmacy NPI#: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency/Day: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

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**FAX DOCUMENTATION FROM PROGRESS NOTES AND THIS COMPLETED  
FORM TO 855-828-4992 note the new fax number**

**CRITERIA:**

- Minimum age requirement: 18 years old.
- Available only as a continuation of IV/IM therapy.
- Documented failure of at least three other oral NSAIDS.
- Limited to a total of five days of use.

**NOTE:**

- Ketorolac nasal spray (Sprix®) is not a benefit for Non-Traditional and Primary Care Network clients. Traditional Medicaid clients must try and fail oral ketorolac before authorization of Sprix® will be considered.

**AUTHORIZATION:**

Only one authorization will be granted per acute incident.

**RE-AUTHORIZATION:**

Same as initial.

03/08/2012

<http://health.utah.gov/medicaid/pharmacy>