

Texas Prior Authorization Program  
Clinical Criteria

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## 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
- [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

**Note:** Click the hyperlink to navigate directly to that section.

## Revision Notes

Added GCN for ibuprofen (35740) to the supporting tables section

**PAXPRESS™****Ketorolac, Oral**  
**Drugs Requiring Prior Authorization**

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/searches/formulary-drug-search](https://txvendordrug.com/searches/formulary-drug-search).

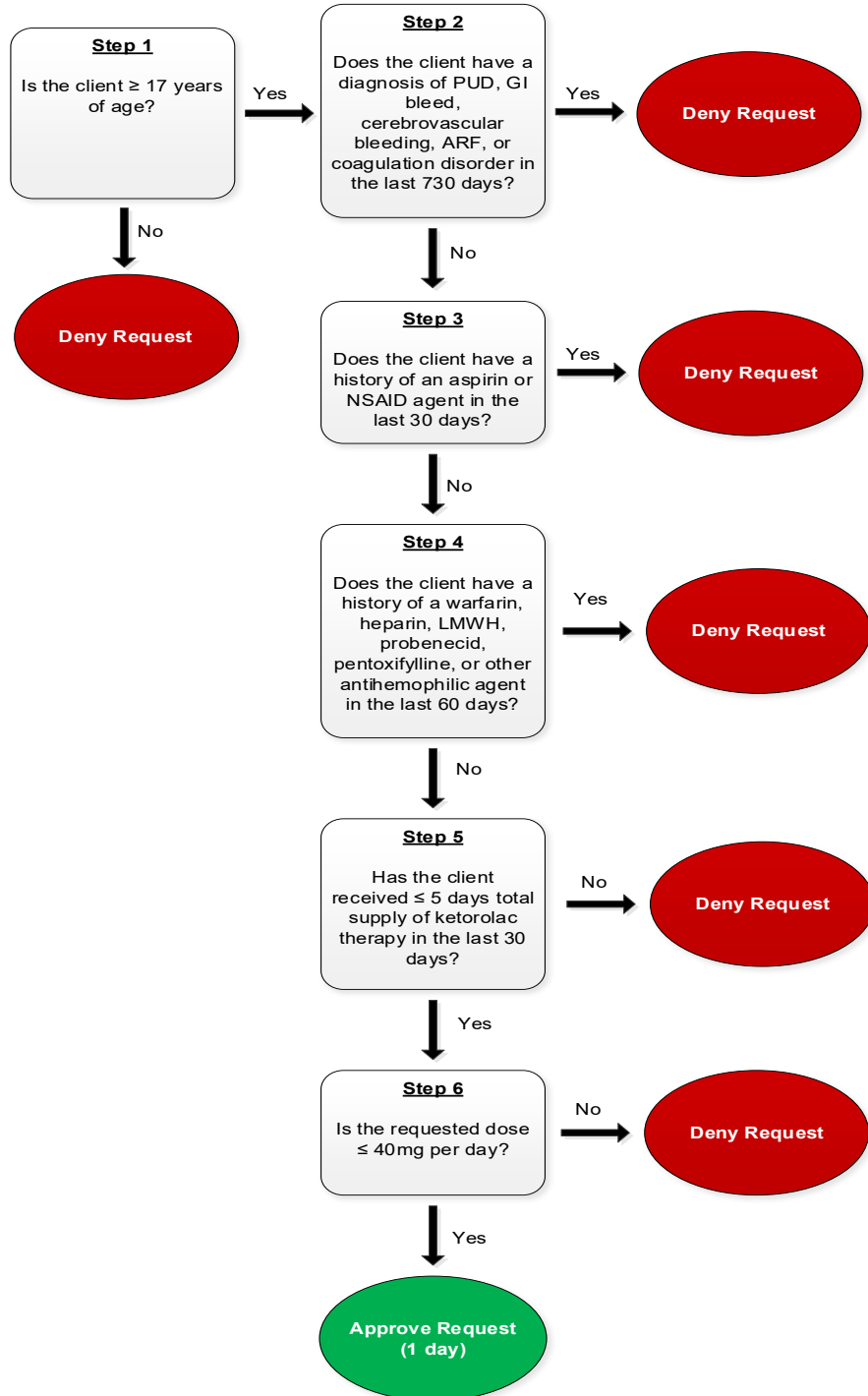
Drugs Requiring Prior Authorization	
Label Name	GCN
KETOROLAC 10 MG TABLET	32531

**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 \(LMWH\)](#), [probenecid](#), [pentoxifylline](#), 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 last 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

**Table 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**

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

<b>Table 2 (diagnosis of peptic ulcer disease (PUD), GI bleed, cerebrovascular bleeding, advanced renal failure (ARF), or coagulation disorder)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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
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

<b>Table 2 (diagnosis of peptic ulcer disease (PUD), GI bleed, cerebrovascular bleeding, advanced renal failure (ARF), or coagulation disorder)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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
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

<b>Table 2 (diagnosis of peptic ulcer disease (PUD), GI bleed, cerebrovascular bleeding, advanced renal failure (ARF), or coagulation disorder)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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

<b>Table 2 (diagnosis of peptic ulcer disease (PUD), GI bleed, cerebrovascular bleeding, advanced renal failure (ARF), or coagulation disorder)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
N038	CHRONIC NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N059	UNSPECIFIED NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
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
Z992	DEPENDENCE ON RENAL DIALYSIS

<b>Table 3 (history of aspirin or NSAID use)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 30 days</b>	
GCN	Label Name
95347	AGGRENOX CAPSULE SA
47132	ALL DAY PAIN RELIEF 220 MG TAB
47132	ALL DAY PAIN RLF 220 MG CAPLET
47131	ANAPROX DS 550 MG TABLET

<b>Table 3 (history of aspirin or NSAID use)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>GCN</b>	<b>Label Name</b>
62729	ARTHROTEC EC 50 MG-200 MCG TAB
06263	ARTHROTEC EC 75 MG-200 MCG TAB
69500	ASA-BUTALB-CAFF-COD #3 CAPSULE
69500	ASCOMP WITH CODEINE CAPSULE
16713	ASPIRIN 81 MG CHEWABLE TABLET
16713	ASPIRIN ADULT 81 MG CHEW TAB
16701	ASPIRIN 325 MG TABLET
16701	ASPIRIN COATED 325 MG TABLET
00161	ASPIRIN EC 81 MG TABLET
16720	ASPIRIN EC 325 MG TABLET
00161	ASPIR-LOW EC 81 MG TABLET
95347	ASPIRIN-DIPYRIDAM ER 25-200 MG
69500	BUTALBITAL COMP-CODEINE #3 CAP
71150	BUTALBITAL COMPOUND CAPSULE
71160	BUTALBITAL COMPOUND TABLET
71150	BUTALBITAL-ASA-CAFFEINE CAP
71160	BUTALBITAL-ASA-CAFFEINE TABLET
94380	CARISOPRODL-ASPIRIN 200-325 MG
13995	CARISOPRODOL CPD-CODEINE TAB
13960	CATAFLAM 50 MG TABLET
97785	CELEBREX 50 MG CAPSULE
42001	CELEBREX 100 MG CAPSULE
42002	CELEBREX 200 MG CAPSULE

<b>Table 3 (history of aspirin or NSAID use)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>GCN</b>	<b>Label Name</b>
18127	CELEBREX 400 MG CAPSULE
16713	CHILD ASPIRIN 81 MG CHEW TAB
35930	CHILDREN IBUPROFEN 100 MG/5 ML
35801	CLINORIL 200 MG TABLET
01750	DAYPRO 600 MG CAPLET
30891	DICLOFENAC POT 50 MG POWDR PKT
13960	DICLOFENAC POT 50 MG TABLET
35851	DICLOFENAC SOD DR 50 MG TAB
35852	DICLOFENAC SOD DR 75 MG TAB
35850	DICLOFENAC SOD EC 25 MG TAB
35851	DICLOFENAC SOD EC 50 MG TAB
35852	DICLOFENAC SOD EC 75 MG TAB
13310	DICLOFENAC SOD ER 100 MG TAB
16850	DIFLUNISAL 250 MG TABLET
16851	DIFLUNISAL 500 MG TABLET
16850	DOLOBID 250 MG TABLET
57589	DOLOBID 375 MG TABLET
16851	DOLOBID 500 MG TABLET
30547	DUEXIS 800-26.6 MG TABLET
25515	EFFERVESCENT PAIN RELIEF TAB
26836	ENDODAN 4.83-325 MG TABLET
33870	ETODOLAC 200 MG CAPSULE
33871	ETODOLAC 300 MG CAPSULE

<b>Table 3 (history of aspirin or NSAID use)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 30 days</b>	
GCN	Label Name
61761	ETODOLAC 400 MG TABLET
61766	ETODOLAC 500 MG TABLET
61765	ETODOLAC ER 400 MG TABLET
61767	ETODOLAC ER 500 MG TABLET
61762	ETODOLAC ER 600 MG TABLET
35820	FELDENE 10 MG CAPSULE
35821	FELDENE 20 MG CAPSULE
27999	FENOPROFEN 400 MG CAPSULE
35760	FENOPROFEN 600 MG TABLET
71150	FIORINAL 50-325-40 MG CAPSULE
69500	FIORINAL-COD 30-50-325-40 CAP
97958	FLECTOR 1.3% PATCH
35711	FLURBIPROFEN 100 MG TABLET
35710	FLURBIPROFEN 50 MG TABLET
35743	GS IBUPROFEN 200 MG TABLET
63101	HYDROCODONE BT-IBUPROFEN TAB
35931	IBU-DROPS 40 MG/ML SUSP DRPS
22678	IBUDONE 5-200 MG TABLET
99371	IBUDONE 10-200 MG TABLET
35930	IBUPROFEN 100 MG/5 ML SUSP
35743	IBUPROFEN 200 MG CAPLET
35743	IBUPROFEN 200 MG TABLET
35740	IBUPROFEN 300 MG TABLET

<b>Table 3 (history of aspirin or NSAID use)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 30 days</b>	
GCN	Label Name
35741	IBUPROFEN 400 MG TABLET
35742	IBUPROFEN 600 MG TABLET
35744	IBUPROFEN 800 MG TABLET
35749	IBUPROFEN JR STR 100 MG TB CHW
35680	INDOMETHACIN 25 MG CAPSULE
36490	INDOMETHACIN 25 MG/5 ML SUSP
35681	INDOMETHACIN 50 MG CAPSULE
35690	INDOMETHACIN ER 75 MG CAPSULE
35931	INFANT IBUPROFEN 50 MG/1.25 ML
34420	KETOPROFEN 50 MG CAPSULE
34421	KETOPROFEN 75 MG CAPSULE
33792	KETOPROFEN ER 200 MG CAPSULE
35811	MECLOFENAMATE 50 MG CAPSULE
35810	MECLOFENAMATE 100 MG CAPSULE
16530	MEFENAMIC ACID 250 MG CAPSULE
40218	MELOXICAM 10 MG CAPSULE
40217	MELOXICAM 5 MG CAPSULE
31661	MELOXICAM 7.5 MG TABLET
26227	MELOXICAM 7.5 MG/5 ML SUSP
31662	MELOXICAM 15 MG TABLET
10414	MIGRAINE FORMULA CAPLET
31661	MOBIC 7.5 MG TABLET
31662	MOBIC 15 MG TABLET

<b>Table 3 (history of aspirin or NSAID use)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>GCN</b>	<b>Label Name</b>
32961	NABUMETONE 500 MG TABLET
32962	NABUMETONE 750 MG TABLET
98900	NAPRELAN CR 375 MG TABLET
92253	NAPRELAN CR 500 MG TABLET
16134	NAPRELAN CR 750 MG TABLET
41670	NAPROSYN 125 MG/5 ML SUSPEN
35790	NAPROSYN 250 MG TABLET
35792	NAPROSYN 375 MG TABLET
61851	NAPROSYN EC 500 MG TABLET
41670	NAPROXEN 125 MG/5 ML SUSPEN
35790	NAPROXEN 250 MG TABLET
35792	NAPROXEN 375 MG TABLET
35793	NAPROXEN 500 MG TABLET
61850	NAPROXEN EC 375 MG TABLET
61851	NAPROXEN EC 500 MG TABLET
47132	NAPROXEN SODIUM 220 MG CAPLET
47130	NAPROXEN SODIUM 275 MG TAB
47131	NAPROXEN SODIUM 550 MG TAB
98900	NAPROXEN SOD CR 375 MG TAB
92253	NAPROXEN SOD CR 500 MG TAB
98900	NAPROXEN SOD ER 375 MG TAB
92253	NAPROXEN SOD ER 500 MG TAB
71200	ORPHENADRINE COMP FORTE TAB

<b>Table 3 (history of aspirin or NSAID use)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 30 days</b>	
GCN	Label Name
71190	ORPHENADRINE COMP TABLET
01750	OXAPROZIN 600 MG TABLET
26836	OXYCODONE-ASPIRIN 4.83-325 MG
23827	OXYCODONE-IBUPROFEN 5-400 TAB
19454	PENNSAID 1.5% SOLUTION
35936	PENNSAID 2% PUMP
26836	PERCODAN TABLET
35820	PIROXICAM 10 MG CAPSULE
35821	PIROXICAM 20 MG CAPSULE
16701	QC ASPIRIN 325 MG TABLET
16720	QC ASPIRIN EC 325 MG TABLET
16713	QC CHILD ASPIRIN 81 MG CHW TAB
10414	QC HEADACHE RELIEF TABLET
35743	QC IBUPROFEN 200 MG CAPLET
35431	QC IBUPROFEN 200 MG SOFTGEL
35743	QC IBUPROFEN 200 MG TABLET
00161	QC LO-DOSE ASPIRIN EC 81 MG TB
47132	QC NAPROXEN SOD 220 MG TABLET
16279	REPREXAIN 2.5-200 MG TABLET
22678	REPREXAIN 5-200 MG TABLET
63101	REPREXAIN 7.5-200 MG TABLET
99371	REPREXAIN 10-200 MG TABLET
35743	SM IBUPROFEN 200 MG CAPLET

<b>Table 3 (history of aspirin or NSAID use)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>GCN</b>	<b>Label Name</b>
35743	SM IBUPROFEN IB 200 MG CAPLET
86831	SOLARAZE 3% GEL
35800	SULINDAC 150 MG TABLET
35801	SULINDAC 200 MG TABLET
35780	TOLMETIN SODIUM 200 MG TAB
35770	TOLMETIN SODIUM 400 MG CAP
35781	TOLMETIN SODIUM 600 MG TAB
99597	TREXIMET 85-500 MG TABLET
63101	VICOPROFEN 200-7.5 MG TAB
28572	VIMOVO 375-20 MG TABLET
28570	VIMOVO 500-20 MG TABLET
45680	VOLTAREN 1% GEL
13310	VOLTAREN-XR 100 MG TABLET
27392	ZIPSOR 25 MG CAPSULE
16741	ZORPRIN CR 800 MG TABLET

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>GCN</b>	<b>Label Name</b>
98833	ADVATE 200-400 UNITS VIAL
98831	ADVATE 401-800 UNITS VIAL
98832	ADVATE 801-1,200 UNITS VIAL

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>GCN</b>	<b>Label Name</b>
98830	ADVATE 1,201-1,800 UNITS VIAL
98764	ADVATE 1,801-2,400 UNITS VIAL
98634	ADVATE 2,401-3,600 UNITS VIAL
32723	ADVATE 3601-4800 UNITS VIAL
40207	ADYNOVATE 200-400 UNIT VIAL
40208	ADYNOVATE 401-800 UNIT VIAL
40209	ADYNOVATE 801-1,250 UNIT VIAL
40213	ADYNOVATE 1,251-2,500 UNIT VL
43009	ADYNOVATE 750 UNIT VIAL
43013	ADYNOVATE 1,500 UNIT VIAL
43353	ADYNOVATE 3,000 UNIT VIAL
41497	AFSTYLA 250 UNIT VIAL
41499	AFSTYLA 500 UNIT VIAL
41501	AFSTYLA 1,000 UNIT VIAL
41502	AFSTYLA 2,000 UNIT VIAL
41503	AFSTYLA 3,000 UNIT VIAL
43089	AFSTYLA 1,500 UNIT RANGE VIAL
43093	AFSTYLA 2,500 UNIT RANGE VIAL
27332	ALPHANATE 250-100 UNIT VIAL
27333	ALPHANATE 500-200 UNIT VIAL
27334	ALPHANATE 1,000-400 UNIT VIAL
27335	ALPHANATE 1,500-600 UNIT VIAL
37015	ALPHANATE 2,000-800 UNIT VIAL

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>GCN</b>	<b>Label Name</b>
91671	ALPHANINE SD 500 UNITS VIAL
91672	ALPHANINE SD 1,000 UNITS VIAL
21647	ALPHANINE SD 1,500 UNIT VIAL
36333	ALPROLIX 500 UNIT NOMINAL
36334	ALPROLIX 1,000 UNIT NOMINAL
36335	ALPROLIX 2,000 UNIT NOMINAL
36336	ALPROLIX 3,000 UNIT NOMINAL
40816	ALPROLIX 250 UNIT NOMINAL
42556	ALPROLIX 4,000 UNIT NOMINAL
53755	ALTUVIIIIO 250 UNIT VIAL
53756	ALTUVIIIIO 500 UNIT VIAL
53758	ALTUVIIIIO 1,000 UNIT VIAL
53759	ALTUVIIIIO 2,000 UNIT VIAL
53764	ALTUVIIIIO 3,000 UNIT VIAL
53765	ALTUVIIIIO 4,000 UNIT VIAL
25144	BEBULIN 200-1,200 UNITS VIAL
34868	BENEFIX 250 UNIT RANGE
25153	BENEFIX 500 UNIT KIT
25152	BENEFIX 1,000 UNIT KIT
34869	BENEFIX 500 UNIT RANGE
34873	BENEFIX 1,000 UNIT RANGE
34874	BENEFIX 2,000 UNIT RANGE
34875	BENEFIX 3,000 UNIT RANGE

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 60 days</b>	
GCN	Label Name
39952	COAGADEX 250 UNIT VIAL
39954	COAGADEX 500 UNIT VIAL
14029	COL-PROBENECID TABLET
88950	COL-PROBENECID TABLET
29584	CORIFACT KIT
25792	COUMADIN 1 MG TABLET
25791	COUMADIN 2 MG TABLET
25794	COUMADIN 2.5 MG TABLET
25796	COUMADIN 3 MG TABLET
25797	COUMADIN 4 MG TABLET
25793	COUMADIN 5 MG TABLET
25798	COUMADIN 6 MG TABLET
25795	COUMADIN 7.5 MG TABLET
25790	COUMADIN 10 MG TABLET
25800	COUMADIN 5 MG VIAL
36657	ELOCTATE 250 UNIT NOMINAL
36658	ELOCTATE 500 UNIT NOMINAL
36662	ELOCTATE 750 UNIT NOMINAL
36663	ELOCTATE 1,000 UNIT NOMINAL
36664	ELOCTATE 1,500 UNIT NOMINAL
36665	ELOCTATE 2,000 UNIT NOMINAL
36666	ELOCTATE 3,000 UNIT NOMINAL
43115	ELOCTATE 4,000 UNIT NOMINAL

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 60 days</b>	
GCN	Label Name
43116	ELOCTATE 5,000 UNIT NOMINAL
43114	ELOCTATE 6,000 UNIT NOMINAL
00420	ENOXAPARIN 30 MG/0.3 ML SYR
96334	ENOXAPARIN 300 MG/3 ML VIAL
70022	ENOXAPARIN 40 MG/0.4 ML SYR
62771	ENOXAPARIN 60 MG/0.6 ML SYR
62772	ENOXAPARIN 80 MG/0.8 ML SYR
62773	ENOXAPARIN 100 MG/ML SYR
42091	ENOXAPARIN 120 MG/0.8 ML SYR
42071	ENOXAPARIN 150 MG/ML SYR
47508	ESPEROCT 1,000 UNIT VIAL
47509	ESPEROCT 1,500 UNIT VIAL
47514	ESPEROCT 2,000 UNIT VIAL
47515	ESPEROCT 3,000 UNIT VIAL
47507	ESPEROCT 500 UNIT VIAL
46366	FEIBA NF 500 UNIT NOMINAL
46367	FEIBA NF 1000 UNIT NOMINAL
23816	FEIBA NF 400-650 UNIT VIAL
23815	FEIBA NF 651-1,200 UNIT VIAL
26335	FEIBA NF 1,750-3,250 UNIT VIAL
23816	FEIBA VH IMMUNO 400-650 UNITS
23815	FEIBA VH IMMUNO 651-1,200 UNIT
26335	FEIBA VH IMMUNO 1,750-3,250 UNIT

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 60 days</b>	
GCN	Label Name
63488	FRAGMIN 2,500 UNITS SYRINGE
63431	FRAGMIN 5,000 UNITS SYRINGE
94116	FRAGMIN 7,500 UNITS SYRINGE
95075	FRAGMIN 10,000 UNITS SYRINGE
93952	FRAGMIN 12,500 UNITS SYRINGE
93953	FRAGMIN 15,000 UNITS SYRINGE
93954	FRAGMIN 18,000 UNITS SYRINGE
95776	FRAGMIN 25,000 UNITS/ML VIAL
44106	HEMLIBRA 105 MG/0.7 ML VIAL
44107	HEMLIBRA 150 MG/ML VIAL
44104	HEMLIBRA 30 MG/ML VIAL
55163	HEMLIBRA 300 MG/2 ML VIAL
44105	HEMLIBRA 60 MG/0.4 ML VIAL
30193	HEMOFIL M 1000 UNITS NOMINAL
30194	HEMOFIL M 1700 UNITS NOMINAL
26777	HEMOFIL M 250 UNITS NOMINAL
26778	HEMOFIL M 500 UNITS NOMINAL
26429	HEPARIN SOD 1,000 UNIT/ML VIAL
46952	HEPARIN SOD 1,000 UNIT/ML VIAL
29477	HEPARIN SOD 5,000 UNIT/0.5 ML
25691	HEPARIN SOD 5,000 UNIT/ML VIAL
25697	HEPARIN SOD 10,000 UNIT/ML VL
46953	HEPARIN SOD 20,000 UNIT/ML VL

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 60 days</b>	
GCN	Label Name
26423	HEPARIN-D5W 25,000 UNIT/500 ML
99925	HEPARIN-NS 1,000 UNIT/500 ML
26449	HUMATE-P 600 UNIT VWF:RCO
26451	HUMATE-P 1,200 UNIT VWF:RCO
26450	HUMATE-P 2,400 UNIT VWF:RCO
40749	IDELVION 250 UNIT RANGE VIAL
40751	IDELVION 500 UNIT RANGE VIAL
40752	IDELVION 1,000 UNIT RANGE VIAL
40753	IDELVION 2,000 UNIT RANGE VIAL
44859	IDELVION 3,500 UNIT RANGE VIAL
38646	IXINITY 500 UNIT RANGE
38648	IXINITY 1,000 UNIT RANGE
38655	IXINITY 1,500 UNIT RANGE
43172	IXINITY 3,000 UNIT RANGE
25792	JANTOVEN 1 MG TABLET
25791	JANTOVEN 2 MG TABLET
25794	JANTOVEN 2.5 MG TABLET
25796	JANTOVEN 3 MG TABLET
25797	JANTOVEN 4 MG TABLET
25793	JANTOVEN 5 MG TABLET
25798	JANTOVEN 6 MG TABLET
25795	JANTOVEN 7.5 MG TABLET
25790	JANTOVEN 10 MG TABLET

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>GCN</b>	<b>Label Name</b>
45218	JIVI 500 UNIT VIAL
45219	JIVI 1,000 UNIT VIAL
45221	JIVI 2,000 UNIT VIAL
45222	JIVI 3,000 UNIT VIAL
30341	KCENTRA 500 UNIT VIAL
36363	KCENTRA 1,000 UNIT VIAL
25151	KOATE 250 UNIT VIAL
25132	KOATE 500 UNIT VIAL
25129	KOATE 1,000 UNIT VIAL
98833	KOGENATE FS 250 UNIT VIAL
98831	KOGENATE FS 500 UNIT VIAL
98832	KOGENATE FS 1,000 UNIT VIAL
98764	KOGENATE FS 2,000 UNIT VIAL
98634	KOGENATE FS 3,000 UNIT VIAL
98833	KOVALTRY 250 UNIT KIT
98831	KOVALTRY 500 UNIT KIT
98832	KOVALTRY 1,000 UNIT KIT
98764	KOVALTRY 2,000 UNIT KIT
98634	KOVALTRY 3,000 UNIT KIT
00420	LOVENOX 30 MG PREFILLED SYRN
70022	LOVENOX 40 MG PREFILLED SYRN
62771	LOVENOX 60 MG PREFILLED SYRN
62772	LOVENOX 80 MG PREFILLED SYRN

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>GCN</b>	<b>Label Name</b>
62773	LOVENOX 100 MG PREFILLED SYR
42091	LOVENOX 120 MG PREFILLED SYR
42071	LOVENOX 150 MG PREFILLED SYR
96334	LOVENOX 300 MG/3 ML VIAL
09629	MONOCLATE-P 250 UNIT KIT
09628	MONOCLATE-P 1,000 UNITS KIT
89260	MONOCLATE-P 1,500 UNITS KIT
09634	MONOCLATE-P 500AHFU KIT
37395	NOVOEIGHT 1,000 UNIT VIAL
37396	NOVOEIGHT 1,500 UNIT VIAL
37397	NOVOEIGHT 2,000 UNIT VIAL
37393	NOVOEIGHT 250 UNIT VIAL
37398	NOVOEIGHT 3,000 UNIT VIAL
37394	NOVOEIGHT 500 UNIT VIAL
99696	NOVOSEVEN RT 1,000 MCG VIAL
99697	NOVOSEVEN RT 2,000 MCG VIAL
99698	NOVOSEVEN RT 5,000 MCG VIAL
29034	NOVOSEVEN RT 8,000 MCG VIAL
38023	NUWIQ 250 UNIT VIAL PACK
38024	NUWIQ 500 UNIT VIAL PACK
38025	NUWIQ 1,000 UNIT VIAL PACK
52046	NUWIQ 1,500 UNIT VIAL PACK
38027	NUWIQ 2,000 UNIT VIAL PACK

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 60 days</b>	
GCN	Label Name
43791	NUWIQ 2,500 UNIT VIAL PACK
43792	NUWIQ 3,000 UNIT VIAL PACK
43793	NUWIQ 4,000 UNIT VIAL PACK
37321	OBIZUR 500 UNIT VIAL
11800	PENTOXIFYLLINE ER 400 MG TAB
99527	PENTOXIFYLLINE POWDER
35072	PROBENECID 500 MG TABLET
14029	PROBENECID-COLCHICINE TABLET
88950	PROBENECID/COLCHICINE TABS
25142	PROFILNINE SD 500 UNITS VIAL
25140	PROFILNINE SD 1,000 UNITS VIAL
25148	PROFILNINE 1,500 UNIT VIAL
43483	REBINYN 1,000 UNIT VIAL
43484	REBINYN 2,000 UNIT VIAL
53716	REBINYN 3,000 UNIT VIAL
43442	REBINYN 500 UNIT VIAL
25123	RECOMBINATE 220-400 UNIT VIAL
25125	RECOMBINATE 401-800 UNIT VIAL
25124	RECOMBINATE 801-1240 UNIT VIAL
27008	RECOMBINATE 1241-1800 UNIT VIAL
26818	RECOMBINATE 1,801-2,400 UNIT V
34868	RIXUBIS 250 UNIT NOMINAL
34869	RIXUBIS 500 UNIT NOMINAL

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 60 days</b>	
GCN	Label Name
34873	RIXUBIS 1,000 UNIT NOMINAL
34874	RIXUBIS 2,000 UNIT NOMINAL
34875	RIXUBIS 3,000 UNIT NOMINAL
47889	SEVENFACT 1 MG VIAL
47891	SEVENFACT 5 MG VIAL
35072	SK-PROBENECID 500 MG TABLET
35833	TRETTEN 2,500 UNIT VIAL
40278	VONVENDI 650 UNIT VIAL
40279	VONVENDI 1,300 UNIT VIAL
25792	WARFARIN SODIUM 1 MG TABLET
25791	WARFARIN SODIUM 2 MG TABLET
25794	WARFARIN SODIUM 2.5 MG TABLET
25796	WARFARIN SODIUM 3 MG TABLET
25797	WARFARIN SODIUM 4 MG TABLET
25793	WARFARIN SODIUM 5 MG TABLET
25798	WARFARIN SODIUM 6 MG TABLET
25795	WARFARIN SODIUM 7.5 MG TABLET
25790	WARFARIN SODIUM 10 MG TABLET
32238	WILATE 500-500 UNIT VIAL
32239	WILATE 1,000-1,000 UNIT VIAL
99870	XYNTHA 250 UNIT KIT
99871	XYNTHA 500 UNIT KIT
99872	XYNTHA 1,000 UNIT KIT

<b>Table 4 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, or other antihemophilic drug)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>GCN</b>	<b>Label Name</b>
99873	XYNTHA 2,000 UNIT KIT
29387	XYNTHA SOLOFUSE 3000 UNIT KIT
31205	XYNTHA SOLOFUSE 250 UNIT KIT
31206	XYNTHA SOLOFUSE 500 UNIT KIT
30439	XYNTHA SOLOFUSE 1000 UNIT KIT
30441	XYNTHA SOLOFUSE 2000 UNIT KIT

<b>Table 5 (received less than or equal to 5 days total supply of ketorolac therapy)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>GCN</b>	<b>Label Name</b>
32531	KETOROLAC 10 MG TABLET
35238	KETOROLAC 15 MG/ML VIAL
29928	KETOROLAC 15.75 MG NASAL SPRAY
35239	KETOROLAC 30 MG/ML VIAL
35236	KETOROLAC 60 MG/2 ML VIAL



## Ketorolac, Injectable/Nasal

### Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/searches/formulary-drug-search](https://txvendordrug.com/searches/formulary-drug-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
KETOROLAC 15 MG/ML VIAL	35238
KETOROLAC 30 MG/ML VIAL	35239
KETOROLAC 60 MG/2 ML VIAL	35236
SPRIX 15.75 MG NASAL SPRAY	29928

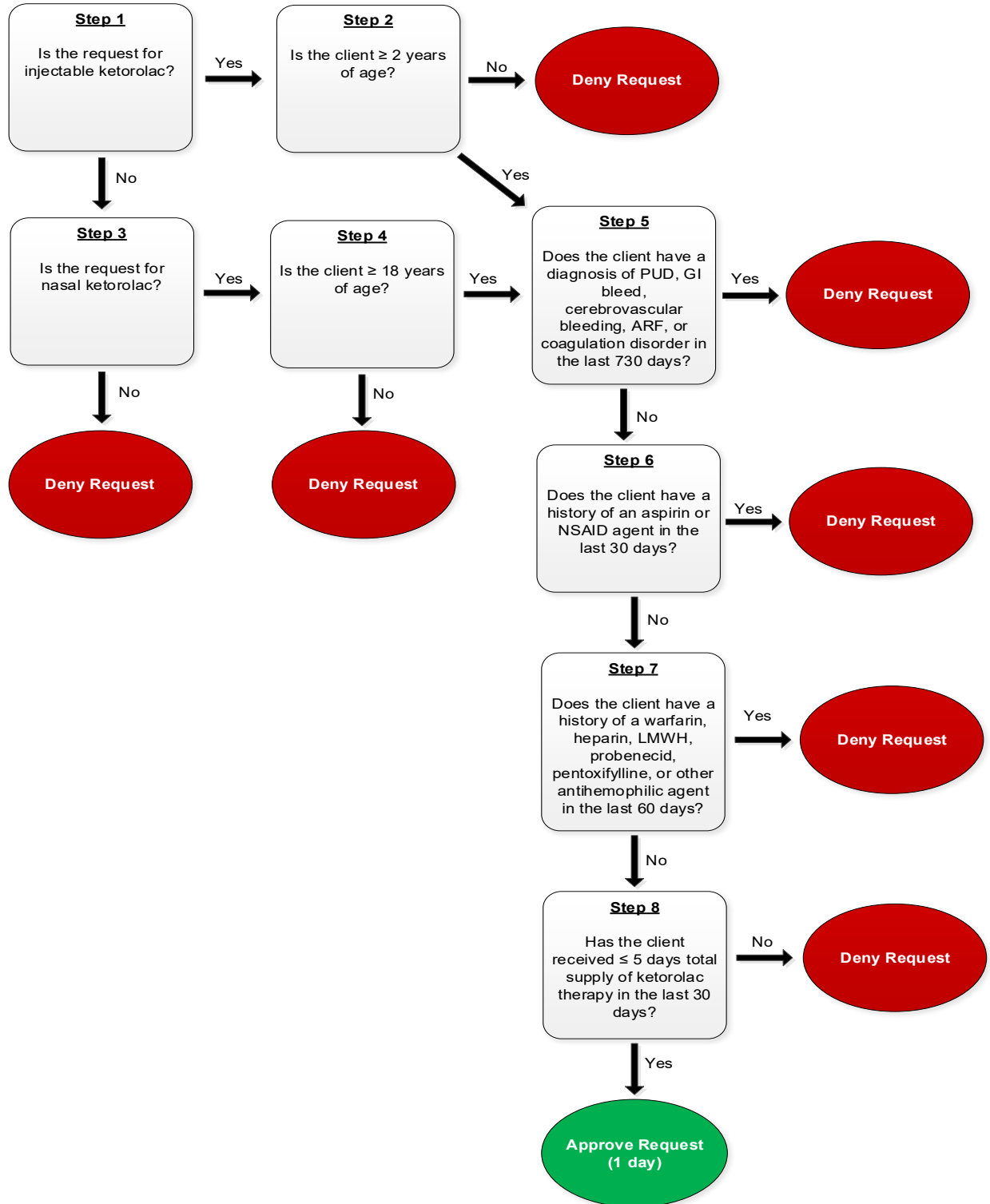


## Ketorolac, Injectable/Nasal

### 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 \(LMWH\)](#), [probenecid](#), [pentoxifylline](#), 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

**PAXPRESS™** **Ketorolac, Injectable/Nasal**  
**Clinical Criteria Logic Diagram**





## Ketorolac, Injectable/Nasal

### Clinical Criteria Supporting Tables

**Table 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.

**Table 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.

**Table 7 (history of warfarin, heparin, low-molecular-weight heparin (LMWH), probenecid, pentoxifylline, 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, probenecid, pentoxifylline, and other antihemophilic drugs](#) table in the previous “Supporting Tables” section.

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

**Table 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

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## Ketorolac 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	<ul style="list-style-type: none"> <li>Initial publication and posting to website</li> </ul>
04/03/2015	<ul style="list-style-type: none"> <li>Updated to include ICD-10s</li> </ul>
06/07/2015	<ul style="list-style-type: none"> <li>Updated to include GCN for Sprix nasal spray</li> </ul>
08/11/2017	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated Table</li> <li>Updated criteria logic and diagram to include age checks</li> <li>Updated references</li> </ul>
03/26/2018	<ul style="list-style-type: none"> <li>Added cerebrovascular bleeding to question 5 on criteria logic and logic diagram for ketorolac injectable</li> </ul>
03/29/2019	<ul style="list-style-type: none"> <li>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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each 'Drug Requiring PA' table</li> </ul>
04/15/2021	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Removed GCNs for ketorolac vials (35238, 35239) and brand Sprix (29928) and added GCNs for ketorolac nasal (29928) to Drugs Requiring Prior Authorization</li> <li>Added GCNs for fenoprofen 400mg (27999) and naproxen sodium CR (98900, 92253) to Table 3</li> <li>Added GCNs for Advate (32723); Alphanate (37015); Alphanine SD (21647); Hemofil M (30193, 30194); Novoseven (29034); Profilnine (25140); Recombinate (25124, 27008); Xyntha Solofuse (29387, 31205, 31206, 30439, 30441) to Table 4</li> <li>Updated GCNs for Benefix (34868, 34869, 34873, 34874, 34875); Koate (25151, 25132, 25129); Kogenate (98833, 98831, 98832, 98764, 98634) in Table 4</li> <li>Updated references</li> </ul>
10/28/2022	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added the following GCN to table 3: Pennsaid 2% pump (35936)</li> </ul>

Publication Date	Notes
	<ul style="list-style-type: none"> <li>Added the following GCNs to table 4: Feiba NF 500 unit nominal (46366), Feiba NF 1000 unit nominal (46367)</li> <li>Removed Ketorolac 60mg/2mL from drugs requiring PA table</li> <li>Updated references</li> </ul>
02/01/2023	<ul style="list-style-type: none"> <li>Updated ICD-10 codes for dialysis in supporting table 2, oral ketorolac</li> </ul>
02/10/2023	<ul style="list-style-type: none"> <li>Added GCN for ketorolac vial (35236) to drug table</li> </ul>
09/13/2023	<ul style="list-style-type: none"> <li>Added GCNs for ketorolac vial (35238, 35239) to drug table</li> </ul>
10/31/2023	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for Adynovate (40207, 40208, 40209, 40213, 43009, 43013, 43353), Afstyla (41497, 41499, 41501, 41502, 41503), Alprolix (36333, 36334, 36335, 36336, 40816, 42556), Altuviio (53755, 53756, 53758, 53759, 53764, 53765), Coagadex (39952, 39954), Corifact kit (29584), Eloctate (36657, 36658, 36662, 36663, 36664, 36665, 36666, 43115, 43116, 43114), Esperoct (47508, 47509, 47514, 47515, 47507), Idelvion (40749, 40751, 40752, 40753, 44859), Ixinity (38646, 38648, 38655, 43172), Jivi (45218, 45219, 45221, 45222), Kovaltry (98833, 38831, 98832, 98764, 98634), Novoeight (37395, 37396, 37397, 37393, 37398, 37397), Nuwiq (38023, 38024, 38025, 38027, 43791, 43792, 43793), Obizur (37321), Rixubis (34868, 34869, 34873, 34874, 34875), Sevenfact (47889, 47891), and Wilate ( 32238, 32239) to Table 4</li> <li>Updated references</li> </ul>
06/30/2024	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
02/28/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs diclofenac (30891), indomethacin suspension (36490), meloxicam capsule (40217, 40218), Afstyla (43089, 43093), enoxaparin (96334), Hemlibra (55163), heparin (29477), Kcentra (30341, 36363), Nuwiq (52046), pentoxifylline (11800, 9957), probenecid (14029, 35072, 88950), and Vonvendi (40279) to the supporting tables section</li> <li>Added probenecid and pentoxifylline to question 4 (oral) and 7 (injectable/nasal) as a contraindicated concurrent medication</li> <li>Removed GCN for ketorolac nasal spray (29928) – product discontinued</li> <li>Added GCN for Sprix (29928) to the Drugs Requiring PA table</li> <li>Updated references</li> </ul>
04/29/2025	<ul style="list-style-type: none"> <li>Added GCNs for diflunisal (16850, 16851) and Dolobid (16850, 16851, 57589) to the supporting tables section</li> </ul>
09/15/2025	<ul style="list-style-type: none"> <li>Added GCN for ibuprofen (35740) to the supporting tables section</li> </ul>