

Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial



SPRIX NASAL SPRAY (ketorolac tromethamine)

GPI CODING:

66100037102090

DESCRIPTION:

Sprix Nasal Spray is indicated in adult patients for the short term (up to 5 days) management of moderate to moderately severe pain that requires analgesia at the opioid level. The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits for Sprix Nasal Spray. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

APPROVAL DURATION:

Approval duration: 5 days

CRITERIA FOR SPRIX NASAL SPRAY

- I. The patient is being treated for acute pain **AND**
- II. The patient experienced an inadequate treatment response or intolerance to an oral generic ketorolac product **AND**
- III. The patient will be treated for less than or equal to 5 days **AND**
- IV. The patient is unable to swallow oral medications