



Please complete ALL information below and fax your request to 1-888-671-5285

Ketorolac Tablet Coverage Determination Request Form
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Member Information (required) and Provider Information (required) section containing fields for Member Name, Insurance ID#, Date of Birth, Street Address, City, State, Zip, Phone, Provider Name, NPI#, Specialty, Office Phone, Office Fax, Office Contact, Office Street Address, City, State, Zip.

Medication Information (required) section containing fields for Medication Name, Strength, Dosage Form, and Directions for Use, with checkboxes for generic/brand and continuation of therapy.

Clinical Information (required) section containing 'Select the Type(s) of Coverage Determination Requested' with checkboxes for Non-Formulary, Prior Authorization, and Quantity Limit.

Select the diagnosis below: checkboxes for Short-term management of moderately severe acute pain and Other diagnosis with ICD-10 Code(s).

Clinical information: Is there documentation that the risk versus benefit has been assessed for this request of a high risk medication (HRM) in an elderly patient? Yes No

Select the medication(s) the patient has a history of trial and failure, or intolerance to: grid of checkboxes for Celecoxib, Diclofenac potassium, Diclofenac sodium delayed-release (DR), Diclofenac sodium extended-release (ER), Diflunisal, Etodolac, Etodolac ER, Ibu, Ibuprofen, Ketoprofen, Meloxicam, Nabumetone, Naproxen, Naproxen DR, Oxaprozin, Piroxicam, Sulindac.

Quantity limit requests: Is there a high risk of significant adverse clinical outcome with medication change or dosage change? Yes No. Is the requested quantity and dose within FDA approved maximum dosing limits or supported by peer-reviewed medical literature, accepted standards of medical practice and/or medical compendia? Yes No. If yes, please specify:

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.

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