



# Ketorolac Quantity Limit Program Summary

Quantity limits apply to Medicaid.

## POLICY REVIEW CYCLE

**Effective Date**  
03-01-2024

**Date of Origin**  
11-01-2009

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Ketorolac Tromethamine Tab 10 MG	10 MG	20	Tablets	5	DAYS	The quantity limit will allow for 20 tablets or 5 bottles of nasal spray per prescription to follow product labeling recommendations for no more than 5 days of therapy with no more than 4 doses/day		
Sprix	Ketorolac Tromethamine Nasal Spray 15.75 MG/SPRAY	15.75 MG/SPRAY	5	Bottles	5	DAYS	The quantity limit will allow for 20 tablets or 5 bottles of nasal spray per prescription to follow product labeling recommendations for no more than 5 days of therapy with no more than 4 doses/day		

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Ketorolac Tromethamine Tab 10 MG	10 MG	Medicaid
Sprix	Ketorolac Tromethamine Nasal Spray 15.75 MG/SPRAY	15.75 MG/SPRAY	Medicaid

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p><b>Quantity Limit for the Target Agent(s)</b> will be approved when the following is met:</p> <ol style="list-style-type: none"><li>1. The requested quantity (dose) does NOT exceed the program quantity limit</li></ol> <p><b>Length of Approval:</b> up to 12 months</p>