



**Medicare Advantage-Prescription Drug Plan
Ketorolac Quantity Limitation Request
Form Incomplete Forms May Delay Processing**

PHYSICIAN NAME		PATIENT NAME	
OFFICE CONTACT PERSON		PATIENT INSURANCE ID #	
PHYSICIAN PHONE	PHYSICIAN FAX	PATIENT DATE OF BIRTH	
PHYSICIAN ADDRESS			
Street	City	State	Zip

QUANTITY LIMITATIONS: short-term only, not appropriate for extended-supply
 Ketorolac 20 tablets (10 mg each)/5 day supply within 30-day period OR
 20 tablets (10 mg each) within 30 days
 *Ketorolac tablets are only indicated as follow up to Ketorolac injection.

Duration Requested: _____ **Quantity Requested:** _____

To request coverage of quantities greater than above, please check all that are applicable.

1. The patient has a diagnosis of moderate to severe acute pain (not chronic pain, osteoarthritis or rheumatoid arthritis) YES NO

2. The patient **DOES NOT** have a history (within previous year) of active GI bleed and/or perforation. YES NO

3. The patient **DOES NOT** have a history of active peptic ulcer disease and is not presently taking one of the following medications: YES NO

▪ Axid (nizatidine)	▪ Prilosec (omeprazole)
▪ Carafate (sucralfate)	▪ Tagamet (cimetidine)
▪ Pepcid (famotidine)	▪ Zantac (ranitidine)
▪ Prevacid (lansoprazole)	▪ Protonix (pantoprazole)
▪ Aciphex (nizatadine)	▪ Nexium (esomeprazole)

4. The patient **DOES NOT** have a documented allergic reaction to aspirin or any other NSAID (i.e., bronchospastic response, chronic urticaria, angioedema). YES NO

5. There is no kidney impairment present (documented serum creatinine within past year <1.2 mg/dl) YES NO

- Prescribing Ketorolac for more than 5 days is beyond FDA approved labeling.
- Unless this is the first request, medical records are required.
- **Alert:** A pattern of inappropriate prescribing will be flagged and reviewed for potential quality of care issues.

I certify that, to the best of my knowledge, the above information is accurate:

Physician signature required: _____

Please Return Completed Form To:
 Fax number: 1-888-446-8535
 Address: PARTNERS
 Attention: Exceptions-Health Services
 P.O. Box 17509
 Winston-Salem, NC 27116-7509
 Provider telephone: 1-888-296-9790