



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2023 P 3136-4 |
| Program | Step Therapy |
| Medication | Sprix (ketorolac) |
| P&T Approval Date | 4/2020, 6/2021, 6/2022, 7/2023 |
| Effective Date | 10/1/2023; Oxford only: 10/1/2023 |

1. Background:

Sprix is a nasal administered non-steroidal anti-inflammatory (NSAID) 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.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes.

2. Coverage Criteria^a:

A. Sprix will be approved based on **ONE** of the following criteria:

1. History of failure, contraindication, or intolerance to **three** of the following oral products:
 - a) Diclofenac
 - b) flurbiprofen
 - c) ibuprofen (prescription strength)
 - d) naproxen (prescription strength)

-OR-

2. Member is unable to swallow oral products due to dysphagia, esophagitis, mucositis, or uncontrollable nausea/vomiting

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may also be in place.



4. References:

1. Sprix [package insert]. Wayne, PA: Zyla Life Sciences US Inc.; April 2021.

| Program | Step Therapy – Sprix |
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| Change Control | |
| 4/2020 | New program. |
| 6/2021 | Annual review with no changes. |
| 6/2022 | Annual review with no changes. |
| 7/2023 | Annual review with no changes. |