



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2024 P 3136-5
Program	Step Therapy
Medication	Sprix <sup>®</sup> (ketorolac)
P&T Approval Date	4/2020, 6/2021, 6/2022, 7/2023, 8/2024
Effective Date	11/1/2024

**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<sup>a</sup>:**

**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.**

<sup>a</sup> 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.; July 2023.

Program	Step Therapy – Sprix
<b>Change Control</b>	
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.
8/2024	Annual review, updated reference.