

KETOPROFEN AGENTS

Diagnosis Considered for Coverage:

- Arthralgia
- Fever
- Headache
- Myalgia
- Pain
- Osteoarthritis
- Rheumatoid arthritis

Coverage Criteria:

For diagnoses listed above:

- Dose does not exceed 300 mg (200 mg er) per day, **and**
- Inadequate response to TWO preferred NSAIDs **OR** intolerable side effect or contraindication to ALL the preferred NSAIDs not expected with ketoprofen.

Preferred NSAIDs

flurbiprofen

ibuprofen

indomethacin SR

indomethacin

ketorolac tablet

meloxicam

nabumetone

naproxen 250 mg, 375 mg, 500 mg tablet, 125 mg/5 ml suspension

piroxicam

sulindac

Coverage Duration: one year

Effective Date: 8/2/2023