



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 3139-4
Program	Step Therapy
Medication	ketoprofen and ketoprofen extended-release*
P&T Approval Date	5/2020, 6/2021, 6/2022, 10/2023
Effective Date	1/1/2024

1. Background:

Ketoprofen is a non-steroidal anti-inflammatory (NSAID) for the management of the signs and symptoms of rheumatoid arthritis and osteoarthritis, for the management of pain, and for treatment of primary dysmenorrhea. Ketoprofen extended-release is indicated for the management of the signs and symptoms of rheumatoid arthritis and osteoarthritis. Extended-release ketoprofen is not indicated for acute pain.

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

2. Coverage Criteria^a:

A. Ketoprofen* and ketoprofen extended-release* will be approved based on the following criterion:

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)

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.

*Ketoprofen and ketoprofen extended-release are excluded from coverage for the majority of our benefits.

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. Ketoprofen [package insert]. Ripley, MS: Misemer Pharmaceutical, Inc. September 2022.
2. Ketoprofen extended-release [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc.; March 2021.

Program	Step Therapy – ketoprofen and ketoprofen extended-release
Change Control	
5/2020	New program.
6/2021	No updates to criteria. Updated references.
6/2022	Annual update. Added exclusion footnote.
10/2023	Annual review. Updated references.