

- unusual weight gain
- skin rash or blisters with fever
- swelling of the arms and legs, hands and feet

These are not all the side effects with NSAID medicines. Talk to your healthcare provider or pharmacist for more information about NSAID medicines.

**Other information about Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**

- Aspirin is a NSAID medicine but it does not increase the chance of a heart attack. Aspirin can cause bleeding in the brain, stomach, and intestines. Aspirin can also cause ulcers in the stomach and intestines.
- Some of these NSAID medicines are sold in lower doses without a prescription (over-the-counter).

Talk to your healthcare provider before using over-the-counter NSAIDs for more than 10 days.

**NSAID medicines that need a prescription**

Generic Name	Tradename
Celecoxib	Celebrex
Diclofenac	Cataflam, Voltaren, Arthrotec (combined with misoprostol)
Diflunisal	Dolobid
Etodolac	Lodine, Lodine XL
Fenoprofen	Nalfon, Nalfon 200
Flurbiprofen	Ansaid
Ibuprofen	Motrin, Tab-Profen, Vicoprofen* (combined with hydrocodone), Combunox (combined with oxycodone)
Indomethacin	Indocin, Indocin SR, Indo-Lemmon, Indomethagan
Ketoprofen	Oruvail
Ketorolac	Toradol
Mefenamic Acid	Ponstel
Meloxicam	Mobic
Nabumetone	Relafen
Naproxen	Naprosyn, Anaprox, Anaprox DS, EC-Naproxyn, Naprelan, Naprapac (copackaged with lansoprazole)
Oxaprozin	Daypro
Piroxicam	Feldene
Sulindac	Clinoril
Tolmetin	Tolectin, Tolectin DS, Tolectin 600

\* Vicoprofen contains the same dose of ibuprofen as over-the-counter (OTC) NSAIDs, and is usually used for less than 10 days to treat pain. The OTC label warns that long term continuous use may increase the risk of heart attack or stroke.

**Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. For more information go to www.fresenius-kabi.us or call 1-800-551-7176.**

*This Medication Guide has been approved by the U.S. Food and Drug Administration.*

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**FRESENIUS**  
**KABI**

Lake Zurich, IL 60047

www.fresenius-kabi.us

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**Ketorolac Tromethamine Injection, USP**

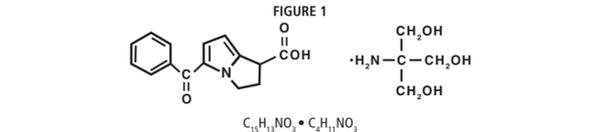
FOR IV/IM USE (15 mg/mL and 30 mg/mL)

FOR IM USE ONLY (60 mg/2 mL 30 mg/mL)

WARNING	
Ketorolac tromethamine, a nonsteroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults) management of moderately severe acute pain that requires analgesia at the opioid level. Oral ketorolac tromethamine is indicated only as continuation treatment following IV or IM dosing of ketorolac tromethamine, if necessary. The total combined duration of use of oral ketorolac tromethamine and ketorolac tromethamine injection should not exceed 5 days.	
Ketorolac tromethamine is <b>not indicated for use in pediatric patients and it is NOT indicated for minor or chronic painful conditions. Increasing the dose of ketorolac tromethamine beyond the label recommendations will not provide better efficacy but will increase the risk of developing serious adverse events.</b>	
GASTROINTESTINAL RISK	
<ul style="list-style-type: none"><li>Ketorolac tromethamine can cause peptic ulcers, gastrointestinal bleeding and/or perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Therefore, ketorolac tromethamine is CONTRAINDICATED in patients with active peptic ulcer disease, in patients with recent gastrointestinal bleeding or perforation, and in patients with a history of peptic ulcer disease or gastrointestinal bleeding. Elderly patients are at greater risk for serious gastrointestinal events (see <b>WARNINGS</b>).</li></ul>	
CARDIOVASCULAR RISK	
<ul style="list-style-type: none"><li>NSAIDs may cause an increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, which can be fatal. This risk may increase with duration of use. Patients with cardiovascular disease or risk factors for cardiovascular disease may be at greater risk (see <b>WARNINGS</b> and <b>CLINICAL STUDIES</b>).</li> <li>Ketorolac tromethamine is CONTRAINDICATED for the treatment of peri-operative pain in the setting of coronary artery bypass graft (CABG) surgery (see <b>WARNINGS</b>).</li></ul>	
RENAL RISK	
<ul style="list-style-type: none"><li>Ketorolac tromethamine is CONTRAINDICATED in patients with advanced renal impairment and in patients at risk for renal failure due to volume depletion (see <b>WARNINGS</b>).</li></ul>	
RISK OF BLEEDING	
<ul style="list-style-type: none"><li>Ketorolac tromethamine inhibits platelet function and is, therefore, CONTRA-INDICATED in patients with suspected or confirmed cerebrovascular bleeding, patients with hemorrhagic diathesis, incomplete hemostasis and those at high risk of bleeding (see <b>WARNINGS</b> and <b>PRECAUTIONS</b>).</li></ul>	
Ketorolac tromethamine is <b>CONTRAINDICATED as prophylactic analgesic before any major surgery.</b>	
HYPERSENSITIVITY	
<ul style="list-style-type: none"><li>Hypersensitivity reactions, ranging from bronchospasm to anaphylactic shock, have occurred and appropriate counteractive measures must be available when administering the first dose of ketorolac tromethamine injection (see <b>CONTRAINDICATIONS</b> and <b>WARNINGS</b>). Ketorolac tromethamine is CONTRAINDICATED in patients with previously demonstrated hypersensitivity to ketorolac tromethamine or allergic manifestations to aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs).</li></ul>	
INTRATHECAL OR EPIDURAL ADMINISTRATION	
<ul style="list-style-type: none"><li>Ketorolac tromethamine is CONTRAINDICATED for intrathecal or epidural administration due to its alcohol content.</li></ul>	
RISK DURING LABOR AND DELIVERY	
<ul style="list-style-type: none"><li>The use of ketorolac tromethamine in labor and delivery is CONTRAINDICATED because it may adversely affect fetal circulation and inhibit uterine contractions.</li></ul>	
CONCOMITANT USE WITH NSAIDS	
<ul style="list-style-type: none"><li>Ketorolac tromethamine is CONTRAINDICATED in patients currently receiving aspirin or NSAIDs because of the cumulative risk of inducing serious NSAID-related side effects.</li></ul>	
SPECIAL POPULATIONS	
<ul style="list-style-type: none"><li>Dosage should be adjusted for patients 65 years or older, for patients under 50 kg (110 lbs.) of body weight (see <b>DOUSAGE AND ADMINISTRATION</b>) and for patients with moderately elevated serum creatinine (see <b>WARNINGS</b>). Doses of ketorolac tromethamine injection are not to exceed 60 mg (total dose per day) in these patients.</li></ul>	
DOUSAGE AND ADMINISTRATION	
Ketorolac Tromethamine Tablets	
<ul style="list-style-type: none"><li>Ketorolac tromethamine tablets are indicated only as continuation therapy to ketorolac tromethamine injection, and the combined duration of use of ketorolac tromethamine injection and ketorolac tromethamine tablets is not to exceed 5 (five) days, because of the increased risk of serious adverse events.</li> <li>The recommended total daily dose of ketorolac tromethamine tablets (maximum 40 mg) is significantly lower than for ketorolac tromethamine injection (maximum 120 mg) (see <b>DOUSAGE AND ADMINISTRATION</b>).</li></ul>	

#### DESCRIPTION

Ketorolac Tromethamine Injection, USP is a member of the pyrrolo-pyrrole group of nonsteroidal anti-inflammatory drugs (NSAIDs). The chemical name for ketorolac tromethamine is (±)-5-benzoyl-2,3-dihydro-1H-pyrrolo[2,3-b]pyridine-1-carboxylic acid, compound with 2-amino-2-(hydroxymethyl)-1,3-propanediol (1:1), and the structural formula is presented in Figure 1.



Ketorolac tromethamine is a racemic mixture of [-]-S and [+]-R ketorolac tromethamine. Ketorolac tromethamine may exist in three crystal forms. All forms are equally soluble in water. Ketorolac tromethamine has a pKa of 3.5 and an n-octanol/water partition coefficient of 0.26. The molecular weight of ketorolac tromethamine is 376.40.

Ketorolac Tromethamine Injection, USP is available for intravenous (IV) or intramuscular (IM) administration as: 15 mg in 1 mL (1.5%) and 30 mg in 1 mL (3%) in sterile solution; 60 mg in 2 mL (3%) of ketorolac tromethamine in sterile solution available for IM administration only. The solutions contain 10% (w/v) alcohol, USP and 6.68 mg, 4.35 mg, and 8.70 mg, respectively, of sodium chloride in sterile water. The pH range is 6.9 to 7.9 and is adjusted with sodium hydroxide and/or hydrochloric acid. The sterile solutions are clear and slightly yellow in color.

#### CLINICAL PHARMACOLOGY

##### Pharmacodynamics

Ketorolac tromethamine is a nonsteroidal anti-inflammatory drug (NSAID) that exhibits analgesic activity in animal models. The mechanism of action of ketorolac, like that of other NSAIDs, is not completely understood but may be related to prostaglandin synthetase inhibition.

The biological activity of ketorolac tromethamine is associated with the S-form. Ketorolac tromethamine possesses no sedative or anxiolytic properties.

The peak analgesic effect of ketorolac tromethamine occurs within 2 to 3 hours and is not statistically significantly different over the recommended dosage range of ketorolac tromethamine. The greatest difference between large and small doses of ketorolac tromethamine by either route is in the duration of analgesia.

##### Pharmacokinetics

Ketorolac tromethamine is a racemic mixture of [-]-S and [+]-R-enantiomeric forms, with the S-form having analgesic activity.

##### Comparison of IV, IM and Oral Pharmacokinetics

The pharmacokinetics of ketorolac tromethamine, following IV, IM and oral doses of ketorolac tromethamine are compared in Table 1. In adults, the extent of bioavailability following administration of the ORAL and IM forms of ketorolac tromethamine was equal to that following an IV bolus.

#### Rx only

Pharmacokinetic Parameters (units)	Table 1: Table of Approximate Average Pharmacokinetic Parameters (Mean ± SD) Following Oral, Intramuscular and Intravenous Doses of Ketorolac Tromethamine					
	Oral <sup>1</sup>	Intramuscular <sup>*</sup>		Intravenous Bolus <sup>2</sup>		
	10 mg	15 mg	30 mg	60 mg	15 mg	30 mg
Bioavailability (extent)	100%					
T <sub>1/2</sub> <sup>1</sup> (min)	44±34	33±21**	44±29	33±21**	1.1±0.7**	2.9±1.8
C <sub>max</sub> <sup>1</sup> (mcg/mL) [Single-dose]	0.87±0.22	1.14±0.32**	2.42±0.68	4.55±1.27**	2.47±0.51**	4.65±0.96
C <sub>max</sub> <sup>1</sup> (mcg/mL) [steady state qid]	1.05±0.26**	1.56±0.44**	3.11±0.87**	N/A <sup>1</sup>	3.09±1.17**	6.85±2.61
C <sub>1-2</sub> <sup>1</sup> (mcg/mL) [steady state qid]	0.29±0.07**	0.47±0.13**	0.93±0.26**	N/A	0.61±0.21**	1.04±0.35
C <sub>1-2</sub> <sup>1</sup> (mcg/mL) [steady state qid]	0.59±0.2**	0.94±0.29**	1.88±0.59**	N/A	1.09±0.3**	2.17±0.59
V <sub>d</sub> <sup>1</sup> (L/kg)	—0.175±0.039—				0.210±0.044	

% Dose metabolized = <50

% Dose excreted in urine = 91

† Derived from PO pharmacokinetic studies in 77 normal fasted volunteers

‡ Derived from IM pharmacokinetic studies in 54 normal volunteers

§ Derived from IV pharmacokinetic studies in 24 normal volunteers

¶ Not applicable because 60 mg is only recommended as a single dose

\*\* Mean value was simulated from observed plasma concentration data and standard deviation was simulated from percent coefficient of variation for observed C<sub>max</sub> and T<sub>1/2</sub> data

##### Linear Kinetics

In adults, following administration of single ORAL, IM or IV doses of ketorolac tromethamine in the recommended dosage ranges, the clearance of the racemate does not change. This implies that the pharmacokinetics of ketorolac tromethamine in adults, following single or multiple IM, IV or recommended oral doses of ketorolac tromethamine, are linear. At the higher recommended doses, there is a proportional increase in the concentrations of free and bound racemate.

##### Distribution

The mean apparent volume (V<sub>B</sub>) of ketorolac tromethamine following complete distribution was approximately 13 liters. This parameter was determined from single-dose data.

The ketorolac tromethamine racemate has been shown to be highly protein bound (99%). Nevertheless, plasma concentrations as high as 10 mcg/mL will only occupy approximately 5% of the albumin binding sites. Thus, the unbound fraction for each enantiomer will be constant over the therapeutic range. A decrease in serum albumin, however, will result in increased free drug concentrations.

Ketorolac tromethamine is excreted in human milk (see **PRECAUTIONS – Nursing Mothers**).

##### Metabolism

Ketorolac tromethamine is largely metabolized in the liver. The metabolic products are hydroxylated and conjugated forms of the parent drug. The products of metabolism, and some unchanged drug, are excreted in the urine.

##### Excretion

The principal route of elimination of ketorolac and its metabolites is renal. About 92% of a given dose is found in the urine, approximately 40% as metabolites and 60% as unchanged ketorolac. Approximately 6% of a dose is excreted in the feces. A single-dose study with 10 mg ketorolac tromethamine (n = 9) demonstrated that the S-enantiomer is cleared approximately two times faster than the R-enantiomer and that the clearance was independent of the route of administration. This means that the ratio of S/R plasma concentrations decreases with time after each dose. There is little or no inversion of the R- to S-form in humans. The clearance of the racemate in normal subjects, elderly individuals and in hepatically and renally impaired patients is outlined in Table 2 (see **CLINICAL PHARMACOLOGY – Kinetics in Special Populations**).

The half-life of the ketorolac tromethamine S-enantiomer was approximately 2.5 hours (SD ± 0.4) compared with 5 hours (SD ± 1.7) for the R-enantiomer. In other studies, the half-life for the racemate has been reported to lie within the range of 5 to 6 hours.

##### Accumulation

Ketorolac tromethamine administered as an IV bolus, every 6 hours for 5 days to healthy subjects (n = 13), showed no significant difference in C<sub>max</sub> on Day 1 and Day 5. Trough levels averaged 0.29 mcg/mL (SD ± 0.13) on Day 1 and 0.55 mcg/mL (SD ± 0.23) on Day 6. Steady state was approached after the fourth dose.

Accumulation of ketorolac tromethamine has not been studied in special populations (geriatric, pediatric, renal failure patients, or hepatic disease patients).

##### Kinetics in Special Populations

##### Geriatric Patients

Based on single-dose data only, the half-life of the ketorolac tromethamine racemate increased from 5 to 7 hours in the elderly (65 to 78 years) compared with young healthy volunteers (24 to 35 years) (see Table 2). There was little difference in the C<sub>max</sub> for the two groups (elderly, 2.52 mcg/mL ± 0.77; young, 2.99 mcg/mL ± 1.03) (see **PRECAUTIONS – Geriatric Use**).

##### Pediatric Patients

Limited information is available regarding the pharmacokinetics of dosing of ketorolac tromethamine in the pediatric population. Following a single intravenous bolus dose of 0.5 mg/kg in 10 children 4 to 8 years old, the half-life was 5.8 ± 1.6 hours, the average clearance was 0.042 ± 0.01 L/hr/kg, the volume of distribution during the terminal phase (V<sub>B</sub>) was 0.34 ± 0.12 L/kg and the volume of distribution at steady state (V<sub>d</sub>) was 0.26± 0.08 L/kg. The volume of distribution and clearance of ketorolac in pediatric patients was higher than those observed in adult subjects (see Table 1). There are no pharmacokinetic data available for administration of ketorolac tromethamine by the IM route in pediatric patients.

##### Renal Insufficiency

Based on single-dose data only, the mean half-life of ketorolac tromethamine in renally impaired patients is between 6 and 19 hours, and is dependent on the extent of the impairment. There is poor correlation between creatinine clearance and total ketorolac tromethamine clearance in the elderly and populations with renal impairment (r = 0.5).

In patients with renal disease, the AUC<sub>0-∞</sub> of each enantiomer increased by approximately 100% compared with healthy volunteers. The volume of distribution doubles for the S-enantiomer and increases by 1/5th for the R-enantiomer. The increase in volume of distribution of ketorolac tromethamine implies an increase in unbound fraction.

The AUC<sub>0-∞</sub> ratio of the ketorolac tromethamine enantiomers in healthy subjects and patients remained similar, indicating there was no selective excretion of either enantiomer in patients compared to healthy subjects (see **WARNINGS – Renal Effects**).

##### Hepatic Insufficiency

There was no significant difference in estimates of half-life, AUC<sub>0-∞</sub> and C<sub>max</sub> in 7 patients with liver disease compared to healthy volunteers (see **PRECAUTIONS – Hepatic Effects** and Table 2).

##### Race

Pharmacokinetic differences due to race have not been identified.

Table 2: The Influence of Age, Liver and Kidney Function, on the Clearance and Terminal Half-life of Ketorolac Tromethamine (IM <sup>1</sup> and ORAL <sup>2</sup> ) in Adult Populations				
Type of Subjects	Total Clearance [in L/hr/kg] <sup>1</sup>		Terminal Half-life [in hours]	
	IM (Mean (range))	ORAL (Mean (range))	IM (Mean (range))	ORAL (Mean (range))
Normal Subjects	0.023	0.025	5.3	5.3
IM (n=54) mean age=32, range=18-60	(0.010-0.046)	(0.013-0.050)	(3.5-9.2)	(2.4-9)
Oral (n=7) Healthy Elderly Subjects	0.019	0.024	7	6.1
IM (n=13), Oral (n=12) mean age=72, range=65-78	(0.013-0.034)	(0.018-0.034)	(4.7-8.6)	(4.3-7.6)
Patients with Hepatic Dysfunction	0.029	0.033	5.4	4.5
IM and Oral (n=7) mean age=51, range=43-64	(0.013-0.066)	(0.019-0.051)	(2.2-6.9)	(1.6-7.6)
Patients with Renal Impairment	0.015	0.016	10.3	10.8
IM (n=25), Oral (n=9) serum creatinine =1.9-5.0 mg/dL mean age (IM)=54, range=35-71 mean age (Oral)=57, range=39-70	(0.005-0.043)	(0.007-0.052)	(5.9-19.2)	(3.4-18.9)
Renal Dialysis Patients	0.016	—	13.6	—
IM and Oral (n=9) mean age=40, range=27-63	(0.003-0.036)		(8.0-39.1)	

<sup>1</sup>Estimated from 30 mg single IM doses of ketorolac tromethamine

<sup>2</sup>Estimated from 10 mg single oral doses of ketorolac tromethamine

<sup>3</sup>Liters/hour/kilogram

**IV-Administration:** In normal subjects (n=37), the total clearance of 30 mg intravenous ketorolac tromethamine was 0.030 (0.017-0.051) L/hr/kg. The terminal half-life was 5.6 (4.0-7.9) hours. (See **Kinetics in Special Populations** for use of IV dosing of ketorolac tromethamine in pediatric patients.)

#### CLINICAL STUDIES

##### Adult Patients

In a postoperative study, where all patients received morphine by a PCA device, patients treated with ketorolac tromethamine IV as fixed intermittent boluses (e.g., 30 mg initial dose followed by 15 mg q3h), required significantly less morphine (26%) than the placebo group. Analgesia was significantly superior, at various postdosing pain assessment times, in the patients receiving ketorolac tromethamine IV plus PCA morphine as compared to patients receiving PCA-administered morphine alone.

#### INDICATIONS AND USAGE

Carefully consider the potential benefits and risks of ketorolac tromethamine and other treatment options before deciding to use ketorolac. Use the lowest effective dose for the shortest duration consistent with individual patient treatment goals (see **WARNINGS**).

##### Acute Pain in Adult Patients

Ketorolac tromethamine is indicated for the short-term (≤5 days) management of moderately severe acute pain that requires analgesia at the opioid level, usually in a postoperative setting. Therapy should always be initiated with IV or IM dosing of ketorolac tromethamine, and oral ketorolac tromethamine is to be used only as continuation treatment, if necessary.

The total combined duration of use of ketorolac tromethamine injection and oral ketorolac tromethamine is not to exceed 5 days of use because of the potential of increasing the frequency and severity of adverse reactions associated with the recommended doses (see **WARNINGS, PRECAUTIONS, DOSAGE AND ADMINISTRATION, and ADVERSE REACTIONS**). Patients should be switched to alternative analgesics as soon as possible, but ketorolac tromethamine therapy is not to exceed 5 days.

Ketorolac tromethamine injection has been used concomitantly with morphine and meperidine and has shown an opioid-sparing effect. For breakthrough pain, it is recommended to supplement the lower end of the ketorolac tromethamine injection dosage range with low doses of narcotics pm, unless otherwise contraindicated. Ketorolac tromethamine injection and narcotics should not be administered in the same syringe (see **DOUSAGE AND ADMINISTRATION – Pharmacoeutical Information for Ketorolac Tromethamine Injection**).

##### CONTRAINDICATIONS

(See also **Boxed WARNING**.)

Ketorolac Tromethamine is contraindicated in patients with previously demonstrated hypersensitivity to ketorolac tromethamine.

Ketorolac tromethamine is contraindicated in patients with active peptic ulcer disease, in patients with recent gastrointestinal bleeding or perforation and in patients with a history of peptic ulcer disease or gastrointestinal bleeding.

Ketorolac tromethamine should not be given to patients who have experienced asthma, urticaria, or allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions to NSAIDs have been reported in such patients (see **WARNINGS – Anaphylactoid Reactions, and PRECAUTIONS – Pre-existing Asthma**).

Ketorolac tromethamine is contraindicated as prophylactic analgesic before any major surgery.

Ketorolac tromethamine is contraindicated for the treatment of peri-operative pain in the setting of coronary artery bypass graft (CABG) surgery (see **WARNINGS**).

Ketorolac tromethamine is contraindicated in patients with advanced renal impairment or in patients at risk for renal failure due to volume depletion (see **WARNINGS** for correction of volume depletion).

Ketorolac tromethamine is contraindicated in labor and delivery because, through its prostaglandin synthesis inhibitory effect, it may adversely affect fetal circulation and inhibit uterine musculature, thus increasing the risk of uterine hemorrhage.

Ketorolac tromethamine inhibits platelet function and is, therefore, contraindicated in patients with suspected or confirmed cerebrovascular bleeding, hemorrhagic diathesis, incomplete hemostasis and those at high risk of bleeding (see **WARNINGS** and **PRECAUTIONS**).

Ketorolac tromethamine is contraindicated in patients currently receiving aspirin or NSAIDs because of the cumulative risks of inducing serious NSAID-related adverse events.

The concomitant use of ketorolac tromethamine and probenecid is contraindicated.

The concomitant use of ketorolac tromethamine and pentoxifyllin is contraindicated.

Ketorolac tromethamine injection is contraindicated for neuraxial (epidural or intrathecal) administration due to its alcohol content.

#### WARNINGS

(See also **Boxed WARNING**.) The total combined duration of use of oral ketorolac tromethamine and IV or IM dosing of ketorolac tromethamine is not to exceed 5 days in adults. Ketorolac tromethamine is not indicated for use in pediatric patients.

The most serious risks associated with ketorolac tromethamine are:

- Gastrointestinal Effects – Risk of Ulceration, Bleeding and Perforation:** Ketorolac tromethamine is contraindicated in patients with previously documented peptic ulcers and/or gastrointestinal (GI) bleeding. Ketorolac tromethamine can cause serious GI adverse events including bleeding, ulceration and perforation, of the stomach, small intestine, or large intestine, which can be fatal. These serious adverse events can occur at any time, with or without warning symptoms, in patients treated with ketorolac tromethamine.

Only one in five patients who develop a serious upper GI adverse event on NSAID therapy is symptomatic. Minor upper gastrointestinal problems, such as dyspepsia, are common and may also occur at any time during NSAID therapy.

The incidence and severity of gastrointestinal complications increases with increasing dose of, and duration of treatment with ketorolac tromethamine. Do not use ketorolac tromethamine for more than five days.

However, even short-term therapy is not without risk. In addition to past history of ulcer disease, other factors that increase the risk for GI bleeding in patients treated with NSAIDs include concomitant use of oral corticosteroids, or anticoagulants, longer duration of NSAID therapy, smoking, use of alcohol, older age, and poor general health status. Most spontaneous reports of fatal GI events are in elderly or debilitated patients and therefore, special care should be taken in treating this population.

**To minimize the potential risk for an adverse GI event, the lowest effective dose should be used for the shortest possible duration.**

Patients and physicians should remain alert for signs and symptoms of GI ulceration and bleeding during NSAID therapy and promptly initiate additional evaluation and treatment if a serious GI adverse event is suspected. This should include discontinuation of ketorolac tromethamine until a serious GI adverse event is ruled out. For high risk patients, alternate therapies that do not involve NSAIDs should be considered.

NSAIDs should be given with care to patients with a history of inflammatory bowel disease (ulcerative colitis, Crohn's disease) as their condition may be exacerbated.

#### Drug Interactions

Ketorolac is highly bound to human plasma protein (mean 99.2%). There is no evidence in animal or human studies that ketorolac tromethamine induces or inhibits hepatic enzymes capable of metabolizing itself or other drugs.

#### Warfarin, Digoxin, Salicylate, and Heparin

The *in vitro* binding of *warfarin* to plasma proteins is only slightly reduced by ketorolac tromethamine (99.5% control vs 99.3%) when ketorolac plasma concentrations reach 5 to 10 mcg/mL. Ketorolac does not alter *digoxin* protein binding. *In vitro* studies indicate that, at therapeutic concentrations of *salicylate* (300 mcg/mL), the binding of ketorolac was reduced from approximately 99.2% to 97.5%, representing a potential twofold increase in unbound ketorolac plasma levels. Therapeutic concentrations of *digoxin*, *warfarin*, *ibuprofen*, *naproxen*, *piroxicam*, *acetaminophen*, *phenytoin* and *tolbutamide* did not alter ketorolac tromethamine protein binding.

In a study involving 12 adult volunteers, oral ketorolac tromethamine was coadministered with a single dose of 25 mg *warfarin*, causing no significant changes in pharmacokinetics or pharmacodynamics of warfarin. In another study, ketorolac tromethamine dosed IV or IM was given with two doses of 5000 U of *heparin* to 11 healthy volunteers, resulting in a mean template bleeding time of 6 minutes (3.2 to 11.4 min) compared to a mean of 6.0 minutes (3.4 to 7.5 min) for heparin alone and 5.1 minutes (3.5 to 8.5 min) for placebo. Although these results do not indicate a significant interaction between ketorolac tromethamine and warfarin or heparin, the administration of ketorolac tromethamine to patients taking anticoagulants should be done extremely cautiously and patients should be closely monitored (see **WARNINGS** and **PRECAUTIONS – Hematologic Effects**).

The effects of warfarin and NSAIDs, in general, on GI bleeding are synergistic, such that the users of both drugs together have a risk of serious GI bleeding higher than the users of either drug alone.

#### Aspirin

When ketorolac tromethamine is administered with aspirin, its protein binding is reduced, although the clearance of free ketorolac tromethamine is not altered. The clinical significance of this interaction is not known; however, as with other NSAIDs, concomitant administration of ketorolac tromethamine and aspirin is not generally recommended because of the potential of increased adverse effects.

#### Diuretics

Clinical studies, as well as postmarketing observations, have shown that ketorolac tromethamine can reduce the natriuretic effect of furosemide and thiazides in some patients. This response has been attributed to inhibition of renal prostaglandin synthesis. During concomitant therapy with NSAIDs, the patient should be observed closely for signs of renal failure (see **WARNINGS – Renal Effects**), as well as to assure diuretic efficacy.

#### Probenecid

Concomitant administration of oral ketorolac tromethamine and **probenecid** resulted in decreased clearance and volume of distribution of ketorolac and significant increases in ketorolac plasma levels (total AUC increased approximately threefold from 5.4 to 17.8 mcg/h/mL) and terminal half-life increased approximately twofold from 6.6 to 15.1 hours. Therefore, concomitant use of ketorolac tromethamine and probenecid is contraindicated.

#### Lithium

NSAIDs have produced an elevation of plasma lithium levels and a reduction in renal lithium clearance. The mean minimum lithium concentration increased 15% and the renal clearance was decreased by approximately 20%. These effects have been attributed to inhibition of renal prostaglandin synthesis by the NSAID. Thus, when NSAIDs and lithium are administered concurrently, subjects should be observed carefully for signs of lithium toxicity.

#### Methotrexate

NSAIDs have been reported to competitively inhibit methotrexate accumulation in rabbit kidney slices. This may indicate that they could enhance the toxicity of methotrexate. Caution should be used when NSAIDs are administered concomitantly with methotrexate.

#### ACE Inhibitors/Angiotensin II Receptor Antagonists

Concomitant use of **ACE inhibitors and/or angiotensin II receptor antagonists** may increase the risk of renal impairment, particularly in volume-depleted patients.

Reports suggest that NSAIDs may diminish the antihypertensive effect of ACE inhibitors and/or angiotensin II receptor antagonists. This interaction should be given consideration in patients taking NSAIDs concomitantly with ACE inhibitors and/or angiotensin II receptor antagonists.

#### Antiepileptic Drugs

Sporadic cases of seizures have been reported during concomitant use of ketorolac tromethamine and **antiepileptic drugs** (phenytoin, carbamazepine).

#### Psychoactive Drugs

Hallucinations have been reported when ketorolac tromethamine was used in patients taking **psychoactive drugs** (fluoxetine, thiothixene, alprazolam).

#### Pentoxifylline

When ketorolac tromethamine is administered concurrently with **pentoxifylline**, there is an increased tendency to bleeding.

#### Nondepolarizing Muscle Relaxants

In postmarketing experience there have been reports of a possible interaction between ketorolac tromethamine IV/IM and **nondepolarizing muscle relaxants** that resulted in apnea. The concurrent use of ketorolac tromethamine with muscle relaxants has not been formally studied.

#### Selective Serotonin Reuptake Inhibitors (SSRIs)

There is an increased risk of gastrointestinal bleeding when **selective serotonin reuptake inhibitors** (SSRIs) are combined with NSAIDs. Caution should be used when NSAIDs are administered concomitantly with SSRIs.

#### Carcinogenesis, Mutagenesis, and Impairment of Fertility

An 18-month study in mice with oral doses of ketorolac tromethamine tablets at 2 mg/kg/day (0.9 times the human systemic exposure at the recommended IM or IV dose of 30 mg qid, based on area-under-the-plasma- concentration curve [AUC]), and a 24-month study in rats at 5 mg/kg/day (0.5 times the human AUC) showed no evidence of tumorigenicity.

Ketorolac tromethamine was not mutagenic in the Ames test, unscheduled DNA synthesis and repair, and in forward mutation assays. Ketorolac tromethamine did not cause chromosome breakage in the *in vivo* mouse micronucleus assay. At 1590 mcg/mL and at higher concentrations, ketorolac tromethamine increased the incidence of chromosomal aberrations in Chinese hamster ovarian cells.

Impairment of fertility did not occur in male or female rats at oral doses of 9 mg/kg (0.9 times the human AUC) and 16 mg/kg (1.6 times the human AUC) of ketorolac tromethamine, respectively.

#### Pregnancy

#### Teratogenic Effects

#### Pregnancy Category C

Reproduction studies have been performed during organogenesis using daily oral doses of ketorolac tromethamine tablets at 3.6 mg/kg (0.37 times the human AUC) in rabbits and at 10 mg/kg (1.0 times the human AUC) in rats. Results of these studies did not reveal evidence of teratogenicity to the fetus. However, animal reproduction studies are not always predictive of human response.

#### Nonteratogenic Effects

Because of the known effects of nonsteroidal anti-inflammatory drugs on the fetal cardiovascular system (closure of ductus arteriosus), use during pregnancy (particularly late pregnancy) should be avoided. Oral doses of ketorolac tromethamine tablets at 1.5 mg/kg (0.14 times the human AUC), administered after gestation day 17, caused dystocia and higher pup mortality in rats.

There are no adequate and well-controlled studies of ketorolac tromethamine in pregnant women. Ketorolac tromethamine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

#### Labor and Delivery

The use of ketorolac tromethamine is contraindicated in labor and delivery because, through its prostaglandin synthesis inhibitory effect, it may adversely affect fetal circulation and inhibit uterine contractions, thus increasing the risk of uterine hemorrhage (see **CONTRAINDICATIONS**).

#### Effects on Fertility

The use of ketorolac tromethamine, as with any drug known to inhibit cyclooxygenase/ prostaglandin synthesis, may impair fertility and is not recommended in women attempting to conceive. In women who have difficulty conceiving or are undergoing investigation of infertility, withdrawal of ketorolac tromethamine should be considered.

#### Nursing Mothers

Limited data from one published study that included 10 breastfeeding women 2-6 days postpartum showed low levels of ketorolac in breast milk and were undetectable (less than 5 ng/mL) in 4 of the patients. After a single administration of 10 mg of ketorolac tromethamine, the maximum milk concentration observed was 7.3 ng/mL, and the maximum milk-to-plasma ratio was 0.037. After 1 day of dosing (10 mg every 6 hours), the maximum milk concentration was 7.9 ng/mL, and the maximum milk-to-plasma ratio was 0.025. Assuming a daily intake of 400-1,000 mL of human milk per day and a maternal body weight of 60 kg, the calculated maximum daily infant exposure was 0.00263 mg/kg/day, which is 0.4% of the maternal weight-adjusted dose.

Exercise caution when ketorolac is administered to a nursing woman. Available information has not shown any specific adverse events in nursing infants; however, instruct patients to contact their infant’s healthcare provider if they note any adverse events.

#### Pediatric Use

Ketorolac tromethamine is not indicated for use in pediatric patients. The safety and effectiveness of ketorolac tromethamine in pediatric patients below the age of 17 have not been established.

#### Geriatric Use (≥65 Years of Age)

Because ketorolac tromethamine may be cleared more slowly by the elderly (see **CLINICAL PHARMACOLOGY**) who are also more sensitive to the dose-related adverse effects of NSAIDs (see **WARNINGS – Gastrointestinal Effects – Risk of Ulceration, Bleeding, and Perforation**), extreme caution and reduced dosages (see **DOSAGE AND ADMINISTRATION**) and careful clinical monitoring must be used when treating the elderly with ketorolac tromethamine.

#### ADVERSE REACTIONS

Adverse reaction rates increase with higher doses of ketorolac tromethamine. Practitioners should be alert for the severe complications of treatment with ketorolac tromethamine, such as G.I. ulceration, bleeding and perforation, postoperative bleeding, acute renal failure, anaphylactic and anaphylactoid reactions and liver failure (see **Boxed WARNING, WARNINGS, PRECAUTIONS, and DOSAGE AND ADMINISTRATION**). These NSAID-related complications can be serious in certain patients for whom ketorolac tromethamine is indicated, especially when the drug is used inappropriately.

In patients taking ketorolac tromethamine or other NSAIDs in clinical trials, the most frequently reported adverse experiences in approximately 1% to 10% of patients are:

Gastrointestinal (GI) experiences including:		
abdominal pain	constipation/diarrhea	dyspepsia
flatulence	GI fullness	GI ulcers (gastric/duodenal)
gross bleeding/perforation	heartburn	nausea*
stomatitis	vomiting	
Other experiences:		
abnormal renal function	anemia	dizziness
drowsiness	edema	elevated liver enzymes
headaches*	hypertension	increased bleeding time
injection site pain	pruritus	purpura
rashes	tinnitus	sweating

\*Incidence greater than 10%

Additional adverse experiences reported occasionally (<1% in patients taking ketorolac tromethamine or other NSAIDs in clinical trials) include:

**Body as a Whole:** fever, infections, sepsis

**Cardiovascular:** congestive heart failure, palpitation, pallor, tachycardia, syncope

**Dermatologic:** alopecia, photosensitivity, urticaria

**Gastrointestinal:** anorexia, dry mouth, eructation, esophagitis, excessive thirst, gastritis, glossitis, hematemesis, hepatitis, increased appetite, jaundice, melena, rectal bleeding

**Hemic and Lymphatic:** ecchymosis, eosinophilia, epistaxis, leukopenia, thrombocytopenia

**Metabolic and Nutritional:** weight change

**Nervous System:** abnormal dreams, abnormal thinking, anxiety, asthenia, confusion, depression, euphoria, extrapyramidal symptoms, hallucinations, hyperkinesia, inability to concentrate, insomnia, nervousness, paresthesia, somnolence, stupor, tremors, vertigo, malaise

**Reproductive, female:** infertility

**Respiratory:** asthma, cough, dyspnea, pulmonary edema, rhinitis

**Special Senses:** abnormal taste, abnormal vision, blurred vision, hearing loss

**Urogenital:** cystitis, dysuria, hematuria, increased urinary frequency, interstitial nephritis, oliguria/polyuria, proteinuria, renal failure, urinary retention

Other rarely observed reactions (reported from postmarketing experience in patients taking ketorolac tromethamine or other NSAIDs) are:

**Body as a Whole:** angioedema, death, hypersensitivity reactions such as anaphylaxis, anaphylactoid reaction, laryngeal edema, tongue edema (see **WARNINGS**), myalgia

**Cardiovascular:** arrhythmia, bradycardia, chest pain, flushing, hypotension, myocardial infarction, vasculitis

**Dermatologic:** exfoliative dermatitis, erythema multiforme, Lyell’s syndrome, bullous reactions including Stevens-Johnson syndrome and toxic epidermal necrolysis

**Gastrointestinal:** acute pancreatitis, liver failure, ulcerative stomatitis, exacerbation of inflammatory bowel disease (ulcerative colitis, Crohn’s disease)

**Hemic and Lymphatic:** agranulocytosis, aplastic anemia, hemolytic anemia, lymphadenopathy, pancytopenia, post operative wound hemorrhage (rarely requiring blood transfusion - see **Boxed WARNING, WARNINGS, and PRECAUTIONS**)

**Metabolic and Nutritional:** hyperglycemia, hyperkalemia, hyponatremia

**Nervous System:** aseptic meningitis, convulsions, coma, psychosis

**Respiratory:** bronchospasm, respiratory depression, pneumonia

**Special Senses:** conjunctivitis

**Urogenital:** flank pain with or without hematuria and/or azotemia, hemolytic uremic syndrome

#### Postmarketing Surveillance Study

A large postmarketing observational, nonrandomized study, involving approximately 10,000 patients receiving ketorolac tromethamine, demonstrated that the risk of clinically serious gastrointestinal (GI) bleeding was dose-dependent (see Tables 3A and 3B). This was particularly true in elderly patients who received an average daily dose greater than 60 mg/day of ketorolac tromethamine (see Table 3A).

Table 3: Incidence of Clinically Serious G.I. Bleeding as Related to Age, Total Daily Dose, and History of G.I. Perforation, Ulcer, Bleeding (PUB) after up to 5 Days of Treatment with Ketorolac Tromethamine Injection				
A. Adult Patients without History of PUB				
Age of Patients	≤60 mg	>60 to 90 mg	>90 to 120 mg	>120 mg
<65 years of age	0.4%	0.4%	0.9%	4.6%
≥65 years of age	1.2%	2.8%	2.2%	7.7%

B. Adult Patients with History of PUB				
Age of Patients	≤60 mg	>60 to 90 mg	>90 to 120 mg	>120 mg
<65 years of age	2.1%	4.6%	7.8%	15.4%
≥65 years of age	4.7%	3.7%	2.8%	25.0%

#### OVERDOSAGE

#### Symptoms and Signs

Symptoms following acute NSAIDs overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.

#### Treatment

Patients should be managed by symptomatic and supportive care following a NSAIDs overdose. There are no specific antidotes. Emesis and/or activated charcoal (60 g to 100 g in adults, 1 g/kg to 2 g/kg in children) and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large oral overdose (5 to 10 times the usual dose). Forced diuresis, alkalization of urine, hemodialysis or hemoperfusion may not be useful due to high protein binding.

Single overdoses of ketorolac tromethamine have been variously associated with abdominal pain, nausea, vomiting, hyperventilation, peptic ulcers and/or erosive gastritis and renal dysfunction which have resolved after discontinuation of dosing.

#### DOSAGE AND ADMINISTRATION

Carefully consider the potential benefits and risks of ketorolac tromethamine and other treatment options before deciding to use ketorolac tromethamine. Use the lowest effective dose for the shortest duration consistent with individual patient treatment goals. In adults, the combined duration of use of IV or IM dosing of ketorolac tromethamine and oral ketorolac tromethamine is not to exceed 5 days. In adults, the use of oral ketorolac tromethamine is only indicated as continuation therapy to IV or IM dosing of ketorolac tromethamine. See package insert for ketorolac tromethamine tablets for transition from IV or IM dosing of ketorolac tromethamine (single- or multiple-dose) to multiple-dose oral ketorolac tromethamine.

**Note: Oral formulation should not be given as an initial dose.**

**Use minimum effective dose** for the individual patient.

**Total duration of treatment in adult patients:** the combined duration of use of IV or IM dosing of ketorolac tromethamine and oral ketorolac tromethamine is not to exceed 5 days.

#### KETOROLAC TROMETHAMINE INJECTION

Ketorolac tromethamine injection may be used as a single or multiple dose on a regular or “prn” schedule for the management of moderately severe, acute pain that requires analgesia at the opioid level, usually in a postoperative setting. Hypovolemia should be corrected prior to the administration of ketorolac tromethamine (see **WARNINGS – Renal Effects**). Patients should be switched to alternative analgesics as soon as possible, but ketorolac tromethamine therapy is not to exceed 5 days.

When administering ketorolac tromethamine injection, the IV bolus must be given over no less than 15 seconds. The IM administration should be given slowly and deeply into the muscle. The analgesic effect begins in ~30 minutes with maximum effect in 1 to 2 hours after dosing IV or IM. Duration of analgesic effect is usually 4 to 6 hours.

**Single-Dose Treatment: The following regimen should be limited to single administration use only**

#### IM Dosing

• Patients <65 years of age: One dose of 60 mg.

• Patients ≥65 years of age, renally impaired and/or less than 50 kg (110 lbs) of body weight: One dose of 30 mg.

#### IV Dosing

• Patients <65 years of age: One dose of 30 mg.

• Patients ≥65 years of age, renally impaired and/or less than 50 kg (110 lbs) of body weight: One dose of 15 mg.

#### Multiple-Dose Treatment (IV or IM)

• Patients <65 years of age: The recommended dose is 30 mg ketorolac tromethamine injection every 6 hours. The maximum daily dose for these populations should not exceed 120 mg.

• For patients ≥65 years of age, renally impaired patients (see **WARNINGS**), and patients less than 50 kg (110 lbs): The recommended dose is 15 mg ketorolac tromethamine injection every 6 hours. The maximum daily dose for these populations should not exceed 60 mg.

For breakthrough pain, do not increase the dose or the frequency of ketorolac tromethamine. Consideration should be given to supplementing these regimens with low doses of opioids “prn” unless otherwise contraindicated.

#### Pharmaceutical Information for Ketorolac Tromethamine Injection

Ketorolac tromethamine injection should not be mixed in a small volume (e.g., in a syringe) with morphine sulfate, meperidine hydrochloride, promethazine hydrochloride or hydroxyzine hydrochloride; this will result in precipitation of ketorolac from solution.

**NOTE:** Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.

#### HOW SUPPLIED

Ketorolac Tromethamine Injection, USP for intramuscular and intravenous use is supplied as follows:

15 mg/mL pre-filled disposable single-use syringe. Available in a carton of twenty-four (24) syringes. NDC 76045-107-10

30 mg/mL pre-filled disposable single-use syringe. Available in a carton of twenty-four (24) syringes. NDC 76045-104-10

Ketorolac Tromethamine Injection, USP for intramuscular use only is available as: 60 mg/2 mL (30 mg/mL) pre-filled disposable single-use syringe. Available in a carton of twenty-four (24) syringes. NDC 76045-105-20

Store at 20 to 25°C (68 to 77°F). [See USP Controlled Room Temperature.]

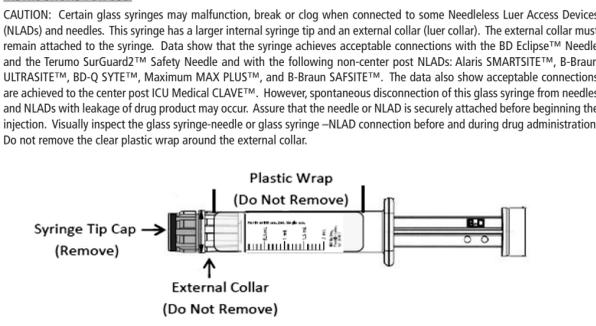
**Protect from light.** Retain in carton until time of use.

Product should be inspected before use and discarded if either color or particulate is observed.

**Do not place syringe on a sterile field.**

#### INSTRUCTIONS FOR USE:

CAUTION: Certain glass syringes may malfunction, break or clog when connected to some Needleless Luer Access Devices (NLADs) and needles. This syringe has a larger internal syringe tip and an external collar (luer collar). The external collar must remain attached to the syringe. Data show that the syringe achieves acceptable connections with the BD Eclipse™ Needle and the Terumo SurGuard2™ Safety Needle and with the following non-center post NLADs: Alaris SMARTSITE™, B-Brain ULTRASITE™, BD-Q SYTE™, Maximum MAX PLUS™, and B-Brain SAFESITE™. The data also show acceptable connections are achieved to the center post ICU Medical CLAVE™. However, spontaneous disconnection of this glass syringe from needles and NLADs with leakage of drug product may occur. Assume that the needle or NLAD is securely attached before beginning the injection. Visually inspect the glass syringe-needle or glass syringe–NLAD connection before and during drug administration. Do not remove the clear plastic wrap around the external collar.



1. Inspect the outer packaging (blister pack):

Verify:

- blister integrity
- expiration date
- drug name
- drug strength
- dose volume
- route of administration
- sterile field applicability

Do not use if package has been damaged.

2. Peel open the paper (top web) of the outer packaging that displays the product information to access the syringe. Do not pop syringe through.

3. Bend the plastic part of the outer packaging (thermoform) so as to present the plunger rod for syringe removal.



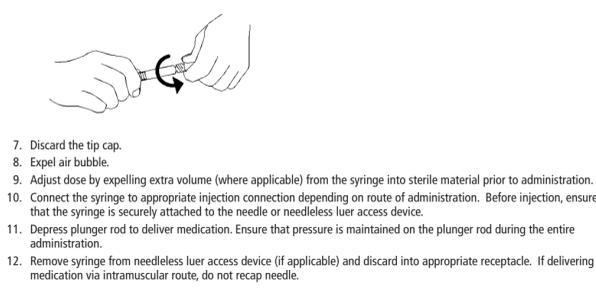
4. Perform visual inspection on the syringe

Verify:

- absence of external particles
- absence of internal particles
- proper drug color
- expiration date
- drug name
- drug strength
- dose volume
- route of administration
- sterile field applicability
- integrity of the plastic wrap around the external collar

5. Do not remove plastic wrap around the external collar. Without removing the tip cap, push plunger rod slightly to break the stopper loose.

6. Do not remove plastic wrap around the external collar. Remove tip cap by twisting it off.



**NOTES:**

- All steps must be done sequentially.
- **Do not autoclave syringe.**
- **Do not use this product on a sterile field.**
- Do not introduce any other fluid into the syringe at any time.
- This product is for single dose only.

For more information concerning this drug or to report an adverse event please call Fresenius Kabi USA, LLC at 1-800-551-7176.

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Lake Zurich, IL 60047

www.fresenius-kabi.us

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#### Medication Guide for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

(See the end of this Medication Guide for a list of prescription NSAID medicines.)

**What is the most important information I should know about medicines called Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?**

**NSAID medicines may increase the chance of a heart attack or stroke that can lead to death. This chance increases:**

- with longer use of NSAID medicines
- in people who have heart disease

**NSAID medicines should never be used right before or after a heart surgery called a “coronary artery bypass graft (CABG).”**

**NSAID medicines can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Ulcers and bleeding:**

- can happen without warning symptoms
- may cause death

**The chance of a person getting an ulcer or bleeding increases with:**

- taking medicines called “corticosteroids” and “anticoagulants”
- longer use
- smoking
- drinking alcohol
- older age
- having poor health