

## TOPICAL NSAIDS PA SUMMARY

<b>PREFERRED</b>	Diclofenac Potassium, Diclofenac Sodium
<b>NON-PREFERRED</b>	Flector, Pennsaid, Voltaren Gel

**LENGTH OF AUTHORIZATION:** Varies

### PA CRITERIA:

*For Flector*

- ❖ Approvable for acute pain due to minor strains, sprains, and contusions when the member is unable to swallow oral dosage forms of medications

*For Pennsaid*

- ❖ Approvable for osteoarthritis of the knee when the member is unable to swallow oral dosage forms of medications

*For Voltaren Gel*

- ❖ Approvable for osteoarthritis of the knee, ankle, foot, elbow, wrist, or hand when the member is unable to swallow oral dosage forms of medications

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

### PA and Appeal Process:

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

### Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.