



TOPICAL NSAIDS PA SUMMARY

Preferred	Non-Preferred
Diclofenac potassium (oral tablets) Diclofenac sodium (oral tablets)	Diclofenac sodium solution 1.5% generic Flector (diclofenac epolamine transdermal patch 1.3%) Pennsaid (diclofenac sodium solution 1.5%, 2%) Voltaren gel (diclofenac sodium gel 1%)

LENGTH OF AUTHORIZATION: Varies

NOTE: For diclofenac 3% gel generic, see the Topical Antineoplastics and Genital Warts Therapy PA.

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 or if the member is unable to tolerate oral NSAIDs or should avoid oral NSAIDs (due to age greater than 75 years, etc.).

For Diclofenac Sodium Solution 1.5% Generic and Pennsaid

- ❖ Approvable for osteoarthritis of the knee when the member is unable to swallow oral dosage forms of medications or if the member is unable to tolerate oral NSAIDs or should avoid oral NSAIDs (due to age greater than 75 years, etc.).

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 or if the member is unable to tolerate oral NSAIDs or should avoid oral NSAIDs (due to age greater than 75 years, etc.).

EXCEPTIONS:

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

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

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