

## PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**

**(generic) (diclofenac sodium topical solution 1.5%)**

**KLOFENSAID II**

**(diclofenac sodium topical solution 1.5%)**

**PENNSAID**

**(diclofenac sodium topical solution 2%)**

**Status: CVS Caremark Criteria**

**Type: Initial Prior Authorization with Quantity Limit**

**POLICY**

**FDA-APPROVED INDICATIONS**

Diclofenac sodium topical solution is indicated for the treatment of the pain of osteoarthritis of the knee(s).

**COVERAGE CRITERIA**

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has osteoarthritis pain of the knee(s)

**AND**

- Treatment with diclofenac topical solution is necessary due to intolerance or a contraindication to oral nonsteroidal anti-inflammatory drugs (NSAIDs)

Quantity Limits apply.

**REFERENCES**

1. Pennsaid [package insert]. Deerfield, IL: Horizon Pharma USA, Inc.; May 2016.
2. Diclofenac topical liquid 1.5% [package insert]. Weston, FL: Apotex Corp.; October 2016.
3. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. September 2017.
4. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. September 2017.

**\*QUANTITY LIMIT**

**This quantity limit should accumulate across all drugs and strengths up to highest quantity listed depending on the order the claims are processed. Accumulation does not apply if limit is coded for daily dose.**

Medication	4 Weeks Limit*	12 Weeks Limit*
Pennsaid (diclofenac sodium top soln 2%)	2 bottles (112gm each) 224gm / 21 days	6 bottles (112gm each) 672gm / 63 days

Pennsaid Policy 787-C 09-2017.doc

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diclofenac sodium top soln 1.5%	3 bottles (150mL each) 450mL / 21 days	9 bottles (150mL each) 1350mL / 63 days
Klofensaid II (diclofenac sodium top soln 1.5%)	3 bottles (150mL each) 450mL / 21 days	9 bottles (150mL each) 1350mL / 63 days
* The duration of 21 days is used for a 28-day fill period and 63 days is used for an 84-day fill period to allow time for refill processing.		