

Post Limit Prior Authorization

Voltaren Gel

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over the counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
diclofenac sodium (all other brands)	diclofenac sodium	topical gel 1%
Voltaren Gel (OTC)	diclofenac sodium	topical gel 1%

Indications

FDA-approved Indications

Diclofenac sodium topical gel, 1%

Diclofenac sodium topical gel is indicated for the relief of the pain of osteoarthritis of joints amenable to topical treatment, such as the knees and those of the hands.

- Diclofenac sodium topical gel has not been evaluated for use on the spine, hip, or shoulder.

Voltaren Gel (OTC)

Voltaren Arthritis Pain is for the temporary relief of arthritis pain ONLY in the following areas:

- hand, wrist, elbow (upper body areas)
- foot, ankle, knee (lower body areas)

This product may take up to 7 days to work for arthritis pain; it is not for immediate relief. If no relief in 7 days, stop use.

Reference number(s)
1729-J

Coverage Criteria

Osteoarthritis Pain

Authorization may be granted when the patient has osteoarthritis pain in joints amenable to topical treatment, such as feet, ankles, knees, hands, wrists or elbows.

Continuation of Therapy

Osteoarthritis Pain

Authorization may be granted when the patient has osteoarthritis pain in joints amenable to topical treatment, such as feet, ankles, knees, hands, wrists or elbows when ALL of the following criteria are met:

- The patient has achieved or maintained a positive clinical response to the requested drug
- The patient has been re-evaluated periodically to determine if treatment is still necessary

Quantity Limits Apply

1,000 grams per 25 days or 3,000 grams per 75 days

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Duration of Approval (DOA)

- 1729-J: Initial therapy DOA: 4 months; Continuation of therapy DOA: 36 months

References

1. Diclofenac sodium topical gel, 1% gel [package insert]. Warren, NJ: Cipla USA, Inc.; December 2022.
2. Voltaren Gel (OTC) [package insert]. Warren, NJ: Haleon US Holdings LLC; March 2024.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed May 13, 2024.
4. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited 05/13/2024).