

# PRIOR AUTHORIZATION CRITERIA

**DRUG CLASS**      **TOPICAL NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)**

**BRAND NAME**  
**(generic)**

**VOLTAREN GEL (RX AND OTC)**  
**(diclofenac sodium topical gel 1%)**

**Status: CVS Caremark Criteria**

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

## POLICY

### FDA-APPROVED INDICATIONS

#### **Voltaren Gel**

Voltaren 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.

Voltaren Gel has not been evaluated for use on the spine, hip, or shoulder.

#### **Voltaren Gel (OTC)**

Voltaren Arthritis Pain is used for the treatment of arthritis pain only in the following areas:

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

### COVERAGE CRITERIA

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

- The patient has osteoarthritis pain in joints susceptible to topical treatment such as feet, ankles, knees, hands, wrists, or elbows

#### **AND**

- Treatment with the requested drug is necessary due to concern about intolerance to oral non-steroidal anti-inflammatory (NSAID) drugs

#### **OR**

- Treatment with the requested drug is necessary due to a contraindication to oral nonsteroidal anti-inflammatory (NSAID) drugs

Quantity Limits apply.

1000 grams/month

### REFERENCES

1. Voltaren Gel [package insert]. Malvern, PA: Endo Pharmaceuticals, Inc.; September 2018.
2. Voltaren Gel (OTC) [package insert]. Warren, NJ: GSK Consumer Healthcare; February 2020.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed June 2020.
4. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed June 2020.
5. Kolanski SL, Neogi T, Hockberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip and Knee. *Arthritis and Rheumatology*. 2020; 72:220-233.

6. American Academy of Orthopaedic Surgeons. The treatment of osteoarthritis of the knee. Evidence-based Guideline 2<sup>nd</sup> edition. May 18, 2013. <http://www.orthoguidelines.org/guidelines>. Accessed July 2020.
7. Altman RD, Dreiser RL, Fisher CL, et al. Diclofenac Sodium Gel in Patients with Primary Hand Osteoarthritis: A Randomized, Double-blind, Placebo-controlled Trial. *J Rheumatol*. 2009; 36:1991-1999. doi: 10.3899/jrheum.081316.

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Date Written: 12/2009

Revised: (KD) 09/2010; (CY) 06/2011; (CT) 05/2012; 10/2012 (extended duration); (RP) 06/2013 (created commercial version); (CT) 06/2014, (SE) 05/2015 (created MDC-2/ DOA 12 months); (MS) 06/2015; (KM) 06/2016 (added dosing question), (TM) 04/2017, 06/2017 (no clinical changes); (RP) 06/2018; (DFW) 06/2019 (no clinical changes), 06/2020 (changed oral NSAID question to ask for concern of an intolerance and separated into two questions)

Reviewed: Medical Affairs (WLF) 01/2010; (KP) 09/2010, 06/2011, 05/2012, 10/2012; (LB) 06/2013; (LMS) 06/2014; (MM) 06/2015; (ME) 06/2016, 10/2016, (AN) 04/2017; (GAD) 06/2018, (CHART) 07/16/20

External Review: 01/2010, 02/2011, 12/2011, 12/2012, 10/2013, 10/2014, 10/2015, 10/2016, 06/2017, 10/2017, 10/2018, 10/2019, 10/2020