**DICLOFENAC SODIUM TOPICAL GEL 1% (VOLTAREN® GEL)**
**UTILIZATION MANAGEMENT CRITERIA**

**DRUG CLASS:**  Topical Non-Steroidal Anti-Inflammatory Drug (NSAID)

**BRAND (generic) NAMES:**
- Diclofenac gel 1% (Voltaren Gel)

**FDA-APPROVED INDICATIONS**
- 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

**COVERAGE AUTHORIZATION CRITERIA**

Diclofenac gel 1% (Voltaren Gel) may be eligible for coverage when the following criteria are met:

1. The patient is 18 years of age or older; **AND**
2. The patient is using for pain relief of osteoarthritis involving the elbow, wrist, hand, knee, ankle and/or foot; **AND**
   a. Has had a failure of an adequate 1 week trial of an oral prescription NSAID for this condition or intolerance to oral NSAIDs (including, but not limited to being at high risk for a gastric bleed); **OR**
   b. The patient cannot swallow solid oral dosage forms and is not currently taking any solid oral dosage form; **AND**
3. The member will not be using the medication concurrently with an oral NSAID (includes COX-2 inhibitors) for the same condition; **AND**
4. Request for excluded (non-formulary) forms (brand and/or generic) may be considered for approval when up to two formulary alternatives have deemed clinically inappropriate.

**REFERENCES:**

Voltaren Gel® (diclofenac gel 1%) prescribing information. Endo Pharmaceuticals. Chadds Ford, PA. March 2011.

**POLICY IMPLEMENTATION/UPDATE INFORMATION**
January 2017: reformatted and non-formulary verbiage added.

August 2012: historical revision.