STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DICLOFENAC TOPICAL SOLUTION

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DICLOFENAC SODIUM	PENNSAID, DICLOFENAC SODIUM		35936 43213	GPI-14 (90210030302030)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of osteoarthritis of the knee(s) **AND** meet the following criterion?
   - The patient had a trial of diclofenac 1% gel AND diclofenac 1.5% drops

   If yes, **approve for 6 months by GPID or GPI-14 with a quantity limit of #224 grams per 28 days.**

   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **DICLOFENAC TOPICAL SOLUTION (Pennsaid)** requires the following rule(s) be met for approval:
   A. You have osteoarthritis (a type of joint condition) of the knee(s)
   B. You had a trial of diclofenac 1% gel AND diclofenac 1.5% drops

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Pennsaid.

REFERENCES

- Pennsaid [Prescribing Information]. Lake Forest, IL: Horizon Pharma USA Inc.; January 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 11/01/22
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P&T Approval: 01/22