



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

DICLOFENAC ORAL PACKET

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DICLOFENAC POTASSIUM	CAMBIA		99636	GPI-10 (6760004010)	

**GUIDELINES FOR USE**

1. Is the request for the acute treatment of migraine attacks and the patient meets **ALL** of the following criteria?
  - The patient is 18 years of age or older
  - The patient is unable to swallow pills
  - The patient had a trial of generic diclofenac **AND** OTC or generic aspirin, ibuprofen, or naproxen

If yes, **approve for 6 months by GPID or GPI-10 with a quantity limit of #9 packets per 30 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 ORAL PACKET (Cambia)** requires the following rule(s) be met for approval:

- A. The request is for acute treatment of migraine attacks
- B. You are unable to swallow pills
- C. You had a previous trial of generic diclofenac **AND** over the counter (OTC) or generic aspirin, ibuprofen, or naproxen

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.

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**RATIONALE**

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

**REFERENCES**

- Cambia [Prescribing Information]. Newark, CA: Silvergate Depomed, Inc., September 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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