

Pharmacy Policy Bulletin

Title: Diclofenac sodium 1% (Voltaren® Gel)

Policy #: Rx.01.27

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly and updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

▶ Intent:

Diclofenac sodium 1% (Voltaren® Gel) is indicated for the relief of osteoarthritis pain in 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.

The use of diclofenac sodium 1% (Voltaren® Gel) requires prior authorization (i.e. clinical pharmacy and/or Medical Director review).

▶ Description:

Diclofenac sodium 1% (Voltaren® Gel) is a non-steroidal anti-inflammatory drug (NSAID). As with other NSAIDs its ability to inhibit prostaglandin synthesis may be involved in its anti-inflammatory activity, as well as contribute to its efficacy in relieving pain associated with inflammation.

▶ Policy:

Diclofenac sodium 1% (Voltaren® Gel) is approved when **all** of the following inclusion criteria are met:

- Documentation of pain.
- Documentation of the trial and failure or contraindication/intolerance to a meloxicam-containing product and one additional oral non-steroidal anti-inflammatory drug (NSAID).

▶ Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

▶ References:

Product information for Voltaren Gel (diclofenac sodium 1%). Novartis. East Hanover, NJ 07936. October 2009.

Micromedex. Voltaren gel™. [Micromedex web site]. Available at: <http://www.micromedex.com> [via subscription only]. Accessed December 1, 2010.

▶ Applicable Drugs:



Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Voltaren gel	diclofenac sodium

 **Cross References:**

Policy Version Number:	1.00
P&T Approval Date:	November 11, 2010
Policy Effective Date:	January 01, 2011
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