Policies Repository

AmeriHealth.

Policy Title	Diclofenac sodium 1% (Voltaren® Gel)
Policy Number	FS.CLIN.64

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 edits. 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. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. 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.

Policy

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 (ie, clinical pharmacy and/or Medical Director review).

Policy 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 Guideline Inclusion

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).

Policy Guideline Exclusion

Diclofenac sodium 1% (Voltaren® Gel) is denied when **any** of the following inclusion criteria are present:

- No documentation of pain.
- No documentation of trial and failure or contraindication/intolerance to a meloxicam-containing product and one additional oral non-steroidal anti-inflammatory drug (NSAID).

Policy List of Applicable Drugs

Brand Name	Generic Name
Voltaren gel	diclofenac sodium

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy References

Product information for Voltaren Gel (diclofenac sodium 1%). Novartis. East Hanover, NJ 07936. October 2007.

Micromedex. Voltaren gel™. [Micromedex web site]. Available at: http://www.micromedex.com [via subscription only]. Accessed September 3, 2008.

Policy Link to Related Policies

Printed 07/31/2009 10:24:03