

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

(diclofenac sodium topical solution 1.5%)

PENNSAID

(diclofenac sodium topical solution 2%)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Diclofenac Sodium Topical Solution 1.5%

Diclofenac sodium topical solution 1.5% is indicated for the treatment of signs and symptoms of osteoarthritis of the knee(s).

Pennsaid

Pennsaid is indicated for the treatment of the pain of osteoarthritis of the knee(s).

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has osteoarthritis pain of the knee(s)

AND

- Treatment with the requested drug is necessary due to concern about intolerance to oral nonsteroidal anti-inflammatory drugs (NSAIDs)

OR

- Treatment with the requested drug is necessary due to a contraindication to oral nonsteroidal anti-inflammatory drugs (NSAIDs)

Quantity Limits apply.

REFERENCES

1. Pennsaid [package insert]. Lake Forest, IL: Horizon Pharma USA, Inc.; April 2021.
2. Diclofenac Sodium Topical Solution 1.5% [package insert]. Orlando, FL: Ingenus Pharmaceuticals, LLC; August 2018.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed May 26, 2021.
4. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed May 26, 2021.
5. Kolanski SL, Neogi T, Hockberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip and Knee. *Arthritis and Rheumatology*. 2020; 72:220-233.
6. American Academy of Orthopaedic Surgeons. The treatment of osteoarthritis of the knee. Evidence-based Guideline 2nd edition. May 18, 2013. <http://www.orthoguidelines.org/guidelines>. Accessed June 2021.

QUANTITY LIMIT

Medication

4 Weeks Limit*

12 Weeks Limit*

Pennsaid (diclofenac sodium top soln 2%)	224 gm (2 bottles, 112 gm each) / 21 days	672 gm (6 bottles, 112 gm each) / 63 days
(diclofenac sodium top soln 1.5%)	300 mL (2 bottles, 150 mL each) / 21 days	900 mL (6 bottles, 150 mL each) / 63 days
* The duration of 21 days is used for a 28-day fill period and 63 days is used for an 84-day fill period to allow time for refill processing.		