



**GEORGIA MEDICAID FEE-FOR-SERVICE
NSAIDS, TOPICAL PA SUMMARY**

Preferred	Non-Preferred
Diclofenac sodium gel 1% Rx generic	Diclofenac epolamine transdermal patch 1.3% generic Diclofenac sodium solution 1.5% generic Licart (diclofenac epolamine transdermal patch 1.3%) Pennsaid (diclofenac sodium solution 2%)

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

Diclofenac Epolamine Transdermal Generic and Licart

- ❖ Approvable for members with a diagnosis of acute pain due to minor strain, sprain or contusion who are unable to swallow oral dosage formulations of medications or unable to tolerate oral NSAIDs or should avoid oral NSAIDs and who have failed to achieve an adequate response with diclofenac sodium gel 1% (Voltaren Gel).

Diclofenac Sodium Solution 1.5% Generic and Pennsaid 2%

- ❖ Approvable for members with a diagnosis of osteoarthritis (OA) of the knee who are unable to swallow oral dosage formulations of medications or unable to tolerate oral NSAIDs or should avoid oral NSAIDs and who have failed to achieve an adequate response with diclofenac sodium gel 1% (Voltaren Gel).

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.