



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

Preferred	Non-Preferred
Diclofenac potassium (oral tablets) Diclofenac sodium (oral tablets) Flector (diclofenac epolamine transdermal patch 1.3%) Voltaren (diclofenac sodium gel 1%)	Diclofenac sodium solution 1.5% generic Pennsaid (diclofenac sodium solution 2%)

LENGTH OF AUTHORIZATION: Varies

NOTE: For diclofenac 3% gel generic, see the Topical Antineoplastics and Genital Warts Therapy PA.

PA CRITERIA:

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 forms of medications or unable to tolerate oral NSAIDs or should avoid oral NSAIDs (due to age greater than 75 years, etc.) and who have failed to achieve an adequate response with Voltaren Gel (diclofenac sodium gel 1%).

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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.