



Topical NSAIDs Quantity Limit Program Summary

Quantity limits apply to Medicaid.

POLICY REVIEW CYCLE

Effective Date
2/1/2024

Date of Origin
10/1/2020

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Diclofenac Sodium Soln 1.5%	1.5 %	2	Bottles	30	DAYS			
Arthritis pain reliever ; Aspercreme arthritis pain ; Cvs diclofenac sodiium ; Cvs diclofenac sodium ; Eq arthritis pain ; Eq arthritis pain relieve ; Ft arthritis pain ; Gnp arthritis pain ; Gnp diclofenac sodium ; Goodsense arthritis pain ; Kls arthritis pain relief ; Kls diclofenac sodium ; Motrin arthritis pain ; Qc diclofenac sodiium ; Sm arthritis pain ; Voltaren ; Voltaren arthritis pain	Diclofenac Sodium Gel 1%	1 %	10	Tubes	30	DAYS			
Flector	Diclofenac Epolamine Patch 1.3%	1.3 %	60	Patches	30	DAYS			
Licart	Diclofenac Epolamine Patch 24HR 1.3%	1.3 %	30	Systems	30	DAYS			
Pennsaid	Diclofenac Sodium Soln 2%	2 %	2	Bottles	28	DAYS			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Diclofenac Sodium Soln 1.5%	1.5 %	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Arthritis pain reliever ; Aspercreme arthritis pain ; Cvs diclofenac sodiium ; Cvs diclofenac sodium ; Eq arthritis pain ; Eq arthritis pain relieve ; Ft arthritis pain ; Gnp arthritis pain ; Gnp diclofenac sodium ; Goodsense arthritis pain ; Kls arthritis pain relief ; Kls diclofenac sodium ; Motrin arthritis pain ; Qc diclofenac sodiium ; Sm arthritis pain ; Voltaren ; Voltaren arthritis pain	Diclofenac Sodium Gel 1%	1 %	Medicaid
Flector	Diclofenac Epolamine Patch 1.3%	1.3 %	Medicaid
Licart	Diclofenac Epolamine Patch 24HR 1.3%	1.3 %	Medicaid
Pennsaid	Diclofenac Sodium Soln 2%	2 %	Medicaid

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> A. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication OR B. BOTH of the following: <ol style="list-style-type: none"> 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND 2. Information has been provided to support therapy with a higher dose for the requested indication <p>Length of Approval: up to 12 months</p>