

## QUANTITY LIMIT CRITERIA

<b>DRUG CLASS</b>	<b>TOPICAL NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)</b>
<b>BRAND NAME (generic)</b>	<b>VOLTAREN GEL (diclofenac sodium topical gel 1%)</b>
<b>Status: CVS Caremark Criteria</b>	
<b>Type: Quantity Limit</b>	

### POLICY

#### **FDA-APPROVED INDICATIONS**

Voltaren Gel is indicated for the relief of the pain of osteoarthritis of 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.

#### **REFERENCES**

1. Voltaren Gel [package insert]. Parsippany, NJ: Novartis Consumer Health, Inc.; April 2016.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed April 2017.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed April 2017.

#### **LIMIT CRITERIA**

<b>Drug</b>	<b>1 Month Limit*</b>	<b>3 Month Limit*</b>
Voltaren Gel diclofenac sodium topical gel 1%	500 grams/ 25 days	1500 grams / 75 days
<i>*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.</i>		