



**Drug Name:** Generic Diclofenac Gel 1% (Prescription Only)

**Reviewed:** 6/2020, 4/2021, 3/2022, 2/2023

<b>Required Medical Information:</b>	The member has trialed and experienced an inadequate treatment response or intolerance to OTC diclofenac gel 1%
<b>Quantity Limit</b>	100 grams per 30 days
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	Rx Only diclofenac gel 1% will pay if there is at least one paid claim within the last 180 days of diclofenac 1% gel (OTC or Rx only)

**Investigational use:** Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.