

# 2017 STEP THERAPY CRITERIA

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## **Step Therapy Group – Topical Nsaid ST**

### **Drug Name(s):**

**diclofenac gel 1%**

**VOLTAREN GEL 1%**

### **Criteria:**

Criteria for approval require ONE of the following:

1. Patient is 75 years of age or over OR
2. Patient's medication history includes evidence of a claim within the past 90 days for a prescription generic oral NSAID (non-steroidal anti-inflammatory drug) product OR
3. Patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to a prescription generic oral NSAID product

Medications subject to step therapy will be covered when the above criteria are met.