

## Clinical Policy: Diclofenac (Cambia, Zipsor, Pennsaid, Solaraze, Zorvolex)

Reference Number: CP.CPA.280

Effective Date: 11.16.16

Last Review Date: 11.19

Line of Business: Commercial

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Description

The following are nonsteroidal anti-inflammatory drugs (NSAIDs) requiring prior authorization: diclofenac potassium (Cambia<sup>®</sup>, Zipsor<sup>®</sup>), diclofenac sodium (Pennsaid<sup>®</sup>, Solaraze<sup>®</sup>), and diclofenac (Zorvolex<sup>®</sup>).

### FDA Approved Indication(s)

- Cambia is indicated for the acute treatment of migraine attacks with or without aura in adults (18 years of age or older).
- Pennsaid is indicated for the treatment of the pain of osteoarthritis (OA) of the knee(s).
- Solaraze is indicated for the topical treatment of actinic keratoses. Sun avoidance is indicated during therapy.
- Zipsor is indicated for relief of mild to moderate acute pain in adults (18 years of age or older).
- Zorvolex is indicated for management of mild to moderate acute pain and for OA pain.

### Limitation(s) of use:

- Cambia is not indicated for the prophylactic therapy of migraine.
- Safety and effectiveness of Cambia is not established for cluster headache, which is present in an older, predominantly male population.

### Policy/Criteria

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of health plans affiliated with Centene Corporation<sup>®</sup> that Cambia, Pennsaid, Solaraze, Zipsor, and Zorvolex are **medically necessary** when the following criteria are met:

#### I. Initial Approval Criteria

##### A. Mild to Moderate Acute Pain (must meet all):

1. Diagnosis of acute pain;
2. Request is for Zipsor or Zorvolex;
3. Age  $\geq$  18 years;
4. Failure of oral generic diclofenac and one other preferred NSAID at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced;
5. Dose does not exceed:

- a. Zipsor: 100 mg (4 capsules) per day;
- b. Zorvolex: 105 mg per day.

**Approval duration: 12 months**

**B. Osteoarthritis Pain** (must meet all):

1. Diagnosis of OA;
2. Request is for Pennsaid or Zorvolex;
3. Age  $\geq$  18 years;
4. For Pennsaid requests: Failure of ONE oral generic NSAID plus failure of either diclofenac 1.5% topical solution or diclofenac 1% topical gel, unless all are contraindicated or clinically significant adverse effects are experienced;
5. For Zorvolex requests: Failure of oral generic diclofenac and one other preferred NSAID at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced;
6. Dose does not exceed:
  - a. Pennsaid: 80 mg per knee per day (4 pumps per knee per day);
  - b. Zorvolex: 105 mg per day.

**Approval duration: 12 months**

**C. Migraines** (must meet all):

1. Diagnosis of migraine attacks;
2. Request is for Cambia;
3. Age  $\geq$  18 years;
4. Failure of rizatriptan orally disintegrating tablets at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced;
5. Documentation supports inability to use oral generic diclofenac;
6. Dose does not exceed 50 mg (1 packet) per day.

**Approval duration: 12 months**

**D. Actinic Keratosis** (must meet all):

1. Diagnosis of actinic keratosis;
2. Request is for Solaraze;
3. Age  $\geq$  18 years.

**Approval duration: 90 days**

**E. Other diagnoses/indications**

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial.

**II. Continued Therapy**

**A. All Indications in Section I** (must meet all):

1. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
2. Member is responding positively to therapy;

3. For Solaraze requests: additional treatment is for a new lesion or to complete initial treatment (up to 90 days);
4. If request is for a dose increase, new dose does not exceed:
  - a. Cambia: 50 mg per day (1 packet per day);
  - b. Pennsaid: 80 mg per knee per day (4 pumps per knee per day);
  - c. Zipsor: 100 mg per day (4 capsules per day);
  - d. Zorvolex: 105 mg per day.

**Approval duration: 12 months (up to 90 days for Solaraze)**

**B. Other diagnoses/indications(must meet 1 or 2):**

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.

**Approval duration: Duration of request or 12 months (whichever is less); or**

2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial.

**III. Diagnoses/Indications for which coverage is NOT authorized:**

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – CP.CPA.09 for commercial or evidence of coverage documents.

**IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

CABG: coronary artery bypass graft  
 FDA: Food and Drug Administration  
 NSAID: non-steroidal anti-inflammatory drug  
 OA: osteoarthritis

*Appendix B: Therapeutic Alternatives*

*This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.*

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
<b>Oral NSAIDs</b>		
diclofenac (Voltaren®)	50 mg PO TID	150 mg/day
etodolac (Lodine®)	400 – 500 mg PO BID	1,200 mg/day
fenoprofen (Nalfon®)	400 – 600 mg PO TID to QID	3,200 mg/day
ibuprofen (Motrin®)	400 – 800 mg PO TID to QID	3,200 mg/day
indomethacin (Indocin®)	25 – 50 mg PO BID to TID	200 mg/day
indomethacin SR (Indocin SR®)	75 mg PO QD to BID	150 mg/day
ketoprofen (Orudis®)	50 mg PO QID or 75 mg PO TID	300 mg/day
meloxicam (Mobic®)	7.5 mg - 15 mg PO QD	15 mg/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
naproxen (Naprosyn <sup>®</sup> )	250 – 500 mg PO BID	1,500 mg/day for up to 6 months
naproxen sodium (Anaprox <sup>®</sup> , Anaprox DS <sup>®</sup> )	275 – 550 mg PO BID	1,650 mg/day for up to 6 months
oxaprozin (Daypro <sup>®</sup> )	600 – 1,200 mg PO QD	1,800 mg/day
piroxicam (Feldene <sup>®</sup> )	10 – 20 mg PO QD	20 mg/day
salsalate (Disalcid <sup>®</sup> )	500 – 750 mg PO TID, titrated up to 1,000 mg TID or 1500 mg BID	3,000 mg/day
sulindac (Clinoril <sup>®</sup> )	150 mg – 200 mg PO BID	400 mg/day
tolmetin DS (Tolectin <sup>®</sup> )	400 mg PO TID maintenance 200-600 mg TID	1,800 mg/day
<b>Topical NSAIDs</b>		
diclofenac 1.5% (Pennsaid <sup>®</sup> ) solution	40 drops QID on each painful knee	160 drops/knee/day
diclofenac 1% gel (Voltaren <sup>®</sup> Gel)	2 – 4 g applied to affected area QID	32 g/day
<b>Anti-migraine Agents</b>		
rizatriptan (Maxalt <sup>®</sup> /Maxalt <sup>®</sup> MLT)	5 or 10 mg PO QD	30 mg/day

Therapeutic alternatives are listed as Brand name<sup>®</sup> (generic) when the drug is available by brand name only and generic (Brand name<sup>®</sup>) when the drug is available by both brand and generic.

#### Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Known hypersensitivity (e.g., anaphylactic reactions and serious skin reactions) to diclofenac or any components of the drug product;
  - All agents except Solaraze: history of asthma, 4rticular, or other allergic-type reactions after taking aspirin or other NSAIDs. Severe, sometimes fatal, anaphylactic reactions to NSAIDs have been reported in such patients;
  - In the setting of coronary artery bypass graft (CABG) surgery;
  - Zipsor contains gelatin and should not be given to patients with known hypersensitivity to bovine protein.
- Boxed warning(s):
  - Cardiovascular thrombotic events;
  - All agents except Solaraze: Gastrointestinal bleeding, ulceration, and perforation.

#### Appendix D: General Information

- Different dose strengths and formulations of oral diclofenac are not interchangeable. This difference should be taken into consideration when changing strengths or formulations
- Zipsor is contraindicated in the setting of coronary artery bypass graft (CABG) surgery. Two large, controlled clinical trials of a COX-2 selective NSAID for the treatment of pain in the first 10–14 days following CABG surgery found an increased incidence of myocardial infarction and stroke. NSAIDs are contraindicated in the setting of CABG.

### V. Dosage and Administration

Drug Name	Indication	Dosing Regimen	Maximum Dose
Diclofenac potassium (Cambia)	Migraine	One packet (50 mg) PO QD	50 mg/day
Diclofenac sodium (Pennsaid)	Pain of OA of the knee(s)	40 mg (2 pump actuations) topically BID per knee	80 mg/knee/day (4 pumps/knee/day)
Diclofenac sodium (Solaraze)	Actinic keratoses	Apply to lesion areas BID. Normally 0.5 g of gel is used on each 5 cm x 5 cm lesion site.	Not applicable
Diclofenac potassium (Zipsor)	Mild to moderate acute pain	25 mg PO QID	100 mg/day
Diclofenac (Zorvolex)	Mild to moderate acute pain or OA	18 – 35 mg PO TID	105 mg/day

### VI. Product Availability

Drug	Availability
Diclofenac potassium (Cambia)	Packets: 50 mg in a soluble powder
Diclofenac sodium (Pennsaid)	Solution: 2%
Diclofenac sodium (Solaraze)	Topical gel: 3%
Diclofenac Potassium (Zipsor)	Capsules: 25 mg
Diclofenac (Zorvolex)	Capsules: 18 mg and 35 mg

### VII. References

1. Cambia Prescribing Information. Newark, CA: Depomed, Inc.; March 2017. Available at: [www.cambiarx.com](http://www.cambiarx.com). Accessed August 26, 2019.
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3. Solaraze Prescribing Information. Melville, NY: PharmaDerm; May 2016. Available at: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2016/021005s016lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/021005s016lbl.pdf). Accessed August 26, 2019.
4. Zipsor Prescribing Information. Newark, CA: Depomed, Inc.; May 2016. Available at: [www.zipsor.com](http://www.zipsor.com). Accessed August 26, 2019.
5. Zorvolex Prescribing Information. Philadelphia, PA: Iroko Pharmaceuticals, LLC; May 2016. Available at: [www.zorvolex.com](http://www.zorvolex.com). Accessed August 26, 2019.
6. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed August 26, 2019.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Converted to new template. Minor changes to verbiage and grammar. References updated.	06.23.17	11.17
Cambia: policy created	01.23.17	

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Cambia: Added “Chart notes may be required”	03.28.17	
4Q 2018 annual review: policies combined for Cambia, Pennsaid, Solaraze, Zipsor, and Zorvolex, as these are all diclofenac products; CP.CPA.139 (Pennsaid), CP.CPA.299 (Solaraze), and CP.CPA.238 (Cambia) will be retired; “Chart notes may be required” was removed from the Cambia and Pennsaid policies as this is already addressed under the “Policy/Criteria” header at the top of the policy; added age requirement; added requirement for a failure of oral generic diclofenac for coverage of Cambia in addition to the existing requirement for a prior trial of rizatriptan; references reviewed and updated.	07.13.18	11.18
4Q 2019 annual review: no significant changes; references reviewed and updated.	08.26.19	11.19

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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