

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

Diclofenac Topical Agents

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization.

Clinical Criteria Information included in this Document

Diclofenac 3% Topical Gel

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Diclofenac 1% Topical Gel, 1.5% Topical Solution, and 2% Topical Solution

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- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Added GCN for Zyclara (32958) to the supporting tables section

Removed GCN for Pennsaid (35936) from the Drugs Requiring PA section – product discontinued

Removed check for GI bleed from criteria logic and diagram

Updated references



Diclofenac 3% Gel
Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
DICLOFENAC SODIUM 3% GEL	86831



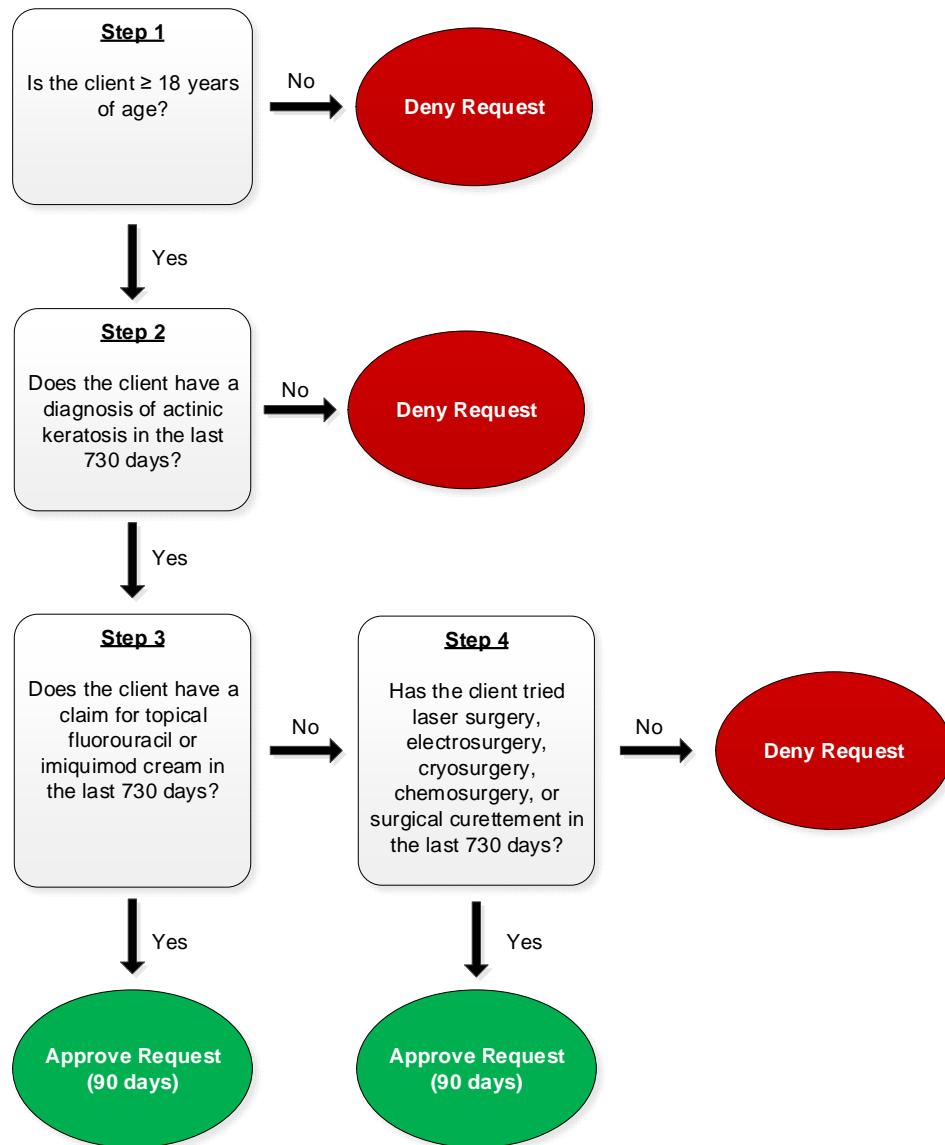
Diclofenac 3% Gel
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
[] Yes – Go to #2
[] No – Deny
2. Does the client have a [diagnosis of actinic keratosis](#) in the last 730 days?
[] Yes – Go to #3
[] No – Deny
3. Does the client have a claim for [topical fluorouracil or imiquimod cream](#) in the last 730 days?
[] Yes – Approve (90 days)
[] No – Go to #4
4. Has the client tried [laser surgery, electrosurgery, cryosurgery, chemosurgery, or surgical curetttement](#) in the last 730 days?
[] Yes – Approve (90 days)
[] No – Deny

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Clinical Criteria Logic Diagram





Diclofenac 3% Gel
Clinical Criteria Supporting Tables

Table 2 (diagnosis of actinic keratosis)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-10 Code	Description
L570	ACTINIC KERATOSIS

Table 3 (claim for a topical fluorouracil or imiquimod cream)

Required claims: 1

Look back timeframe: 730 days

GCN	Label Name
30781	EFUDEX 5% CREAM
30791	EFUDEX 2% SOLUTION
30792	EFUDEX 5% SOLUTION
12514	FLUOROURACIL 0.5% CREAM
30791	FLUOROURACIL 2% TOPICAL SOLN
30781	FLUOROURACIL 5% CREAM
30792	FLUOROURACIL 5% TOP SOLUTION
31436	IMIQUIMOD 3.75% CREAM PUMP
28216	IMIQUIMOD 3.75% CREAM
54201	IMIQUIMOD 5% CREAM PACKET
39576	TOLAK 4% CREAM
28216	ZYCLARA 3.75% CREAM
31436	ZYCLARA 3.75% CREAM PUMP
32958	ZYCLARA 2.5% CREAM PUMP

Table 4 (laser surgery, electrosurgery, cryosurgery, chemosurgery, or surgical curetttement)

Required CPT code: 1

Look back timeframe: 730 days

CPT Code	Description
17000	DESTRUCTION (E.G., LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (E.G., ACTINIC KERATOSES); FIRST LESION
17003	DESTRUCTION (E.G., LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (E.G., ACTINIC KERATOSES); 2 THROUGH 14 LESIONS
17004	DESTRUCTION (E.G., LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (E.G., ACTINIC KERATOSES); 15 OR MORE LESIONS



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Drugs Requiring Prior Authorization

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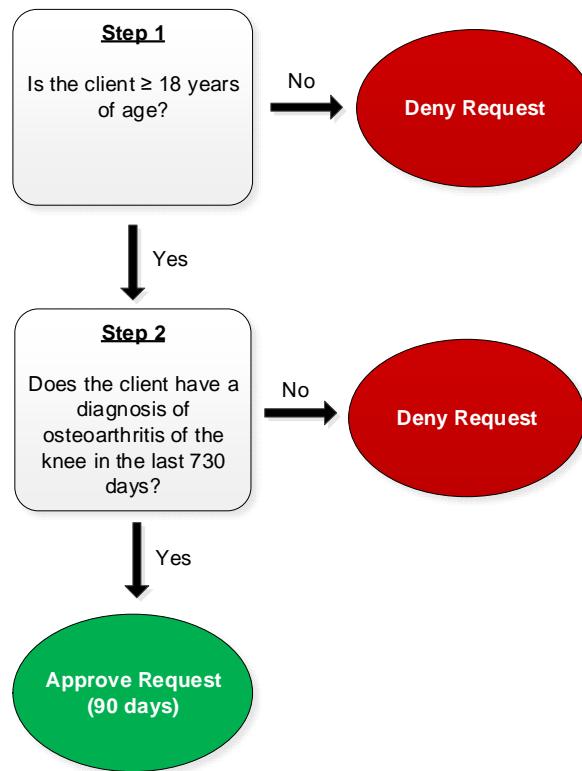
Drugs Requiring Prior Authorization	
Label Name	GCN
ARTHRITIS PAIN RELIEVER 1% GEL	45680
DICLOFENAC SODIUM 1% GEL	45680
DICLOFENAC 1.5% TOPICAL SOLUTION	19454
DICLOFENAC 2% SOLUTION PUMP	35936



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Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #2
 No – Deny
2. Does the client have a [diagnosis of osteoarthritis of the knee](#) in the last 730 days?
 Yes – Approve (90 days)
 No – Deny

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2% Solution****Clinical Criteria Logic Diagram**



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Clinical Criteria Supporting Tables

Table 2 (diagnosis of osteoarthritis of the knee)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-10 Code	Description
M170	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE
M1710	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE
M1711	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE
M1712	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE
M172	BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF KNEE
M1730	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED KNEE
M1731	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE
M1732	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE
M174	OTHER BILATERAL SECONDARY OSTEOARTHRITIS OF KNEE
M175	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE
M179	OSTEOARTHRITIS OF KNEE, UNSPECIFIED



Diclofenac Topical Agents

Clinical Criteria References

1. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on April 14, 2025.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on February 6, 2025.
3. Micromedex [online database]. 2025. Available at www.micromedexsolutions.com. Accessed on February 6, 2025.
4. Diclofenac Solution Prescribing Information. Baltimore, Maryland. Lupin Pharmaceuticals, Inc. August 2024.
5. Diclofenac Sodium Prescribing Information. Walgreens Company. December 2024.



Diclofenac Topical Agents

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
07/28/2017	<ul style="list-style-type: none"> Initial publication and presentation to the DUR Board
08/03/2017	<p>Updated with DUR Board Recommendations</p> <ul style="list-style-type: none"> Changed all lookback periods to 730 days Added question 3, history of GI bleed Updated logic diagram Added table 3 Added question 3, history of GI bleed Updated logic diagram Added table 3
03/27/2019	<ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
04/15/2021	<ul style="list-style-type: none"> Annual review by staff Removed GCN for Solaraze 3% (86831) Updated References
10/20/2022	<ul style="list-style-type: none"> Annual review by staff Added GCN for imiquimod (31436) to Table 4 Updated references
10/30/2023	<ul style="list-style-type: none"> Annual review by staff Added GCN for diclofenac 1% gel (45680) to drugs requiring PA table Removed GCNs for Picato gel (31302, 31303) from supporting table (product is discontinued) Updated references
02/20/2024	<ul style="list-style-type: none"> Removed check for ingenol mebutate gel from question 4 in the diclofenac 3% criteria logic and diagram
06/30/2024	<ul style="list-style-type: none"> Annual review by staff

Publication Date	Notes
	<ul style="list-style-type: none">Added GCN for diclofenac 2% solution pump (35936)Added GCNs Efudex (30791, 30792), Imiquimod (28216), and Zyclara (31436) to "Supporting Tables" sectionUpdated references
02/28/2025	<ul style="list-style-type: none">Annual review by staffAdded GCN for Zyclara (32958) to the supporting tables sectionRemoved GCN for Pennsaid (35936) from the Drugs Requiring PA section – product discontinuedRemoved check for GI bleed from criteria logic and diagramUpdated references