



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Cambia™ (diclofenac)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have had a documented intolerance to or treatment failure of an adequate trial of two preferred oral NSAIDs, one of which is *diclofenac*
- Member must have had a documented intolerance to or treatment failure of an adequate trial of two preferred triptans

Limitations:

- Maximum quantity allowed is 9 packets per month