

**diclofenac, oral micronized (ZORVOLEX)**

**Diagnosis Considered for Coverage:**

- Mild to moderate acute pain

**Coverage Criteria:**

**For diagnosis listed above:**

- Intolerance or contraindication to diclofenac tablet (Voltaren) not expected with Zorvolex, **and**
- Dose does not exceed FDA label maximum.

**Coverage Duration:** one year

Effective Date: 8/2/2023