

**NDC 83295-5050-01 (3oz, 85g tube)
(30-Day Supply = 3 Tubes)**

*Apply 2g to 3g of ointment per treatment.
Apply up to 4 times daily (max 8.5g per day)*

Active Ingredients: Diclofenac Sodium 1%
Methyl Salicylate 5%

Inactive Ingredients: Arnica, Aloe Vera, Chamomilla, and Dimethicone.

Rx Xiclofen[®] Ointment contains NSAID Diclofenac Sodium 1% and NSAID Methyl Salicylate 5%. This combination of ingredients is recommended for the treatment of acute pain, chronic pain, musculoskeletal pain, neuropathic pain, osteoarthritis pain, CRPS, inflammation, and more. Rx Xiclofen[®] Ointment was designed and formulated using **ODG** and **MTUS Evidence-Based Treatment Guidelines** to improve return-to-work outcomes and help patients recover from injury.

Diclofenac Sodium 1% (NSAID)

Diclofenac sodium is recommended as a first-line treatment option for musculoskeletal pain, osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. – *ODG*

Diclofenac sodium is a nonsteroidal anti-inflammatory drug (NSAID) that works by inhibiting COX-1 and COX-2 enzymes within tissues locally, resulting in the reduction of prostaglandin production. – *ODG*

For acute painful conditions, a systematic review of 207 studies (32,959 patients) evaluating pharmacologic and nonpharmacologic management of acute pain from non-low back musculoskeletal injuries in adults found, for pain relief at 2 hours and symptom relief, that there was high or moderate certainty of evidence that diclofenac sodium plus another NSAID was among the most effective treatments compared with placebo and other treatments. – *ODG*

A systematic review of 32 studies of NSAIDs for acute low back pain in adults found moderate-quality evidence that NSAIDs are more effective than placebo for short-term pain reduction and high-quality evidence that NSAIDs are more effective than placebo for short-term reduction in disability. – *ODG*

For osteoarthritis, a network meta-analysis of 137 studies (33,243 participants) evaluating the effectiveness of pharmacologic interventions and comparators for symptomatic knee osteoarthritis found, at 3 months, that diclofenac sodium was better than placebo and acetaminophen for improvement in pain, function, and stiffness. – *ODG*

Diclofenac Sodium 1% (NSAID) (cont'd)

For osteoarthritis, a meta-analysis of studies evaluating cutaneous NSAIDs for chronic musculoskeletal pain in adults comparing cutaneous diclofenac sodium with placebo found, at 6-12 weeks, that cutaneous diclofenac sodium was associated with an increase in the proportion of patients reporting clinical success (defined as a reduction in pain of at least 50% or an Osteoarthritis Research Society International Index response) compared with placebo. – *ODG*
NDSAIDs are used for pain relief for rheumatoid arthritis. – *ODG*

Methyl Salicylate 5% (NSAID)

Cutaneous NSAIDs are meant to deliver medication locally and superficially in musculoskeletal disorders to reduce pain, swelling, improve range of motion, and return the patient to full functional capacity as early as possible. (39, 40) (Russell 91; Mason 04). “This study demonstrates an effective treatment for patients suffering from musculoskeletal injuries (sprains and tendinitis) and is significantly more effective than placebo.” – *ODG*

Cutaneous NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissues are superficially located. Cutaneous NSAIDs provide improvement in pain and function with the avoidance of gastrointestinal adverse effects of some oral NSAIDs. – *ACOEM*

Cutaneous NSAIDs are recommended for treatment of chronic neuropathic pain. Topical NSAIDs may be the preferred initial therapy for some patients due to the low adverse effect profile in working age adults. Cutaneous NSAIDs provide improved pain control with negligible risk of impairments, especially cognitive, which are present with many other treatment options. Cutaneous NSAIDs are among the best medications, especially for safety sensitive workers. – *ACOEM*