



Commercial/Healthcare Exchange PA Criteria Effective: February, 2016

Prior Authorization: Flector Patch

Products Affected: Flector (diclofenac epolamine 1.3%) topical patch

Covered Uses:

1. Topical treatment of acute pain due to minor strains, sprains, and contusions

Exclusion Criteria: None

Required Medical Information:

1. Diagnosis
2. Previous therapies tried
3. Dose and frequency

Age Restrictions: N/A

Prescriber Restrictions: None

Coverage Duration: 2 months

Other Criteria:

Flector Patch is considered medically necessary if the following criteria are met (A, B, and C):

- A. Patient has diagnosis of acute pain due to strains, sprains, or contusions; **AND**
- B. An intolerance to, or treatment failure of, Voltaren Gel; **AND**
- C. An intolerance to, or treatment failure of, **at least two** of the following:
 - Celecoxib (Celebrex)
 - Diclofenac/ER (Voltaren/XR)
 - Etodolac/XL (Lodine/XL)
 - Ibuprofen (Motrin)
 - Indomethacin/SR (Indocin/SR)
 - Meclofenamate (Meclomen)
 - Meloxicam (Mobic)
 - Mefenamic acid (Ponstel)
 - Nabumetone (Relafen)
 - Naproxen/CR (Anaprox/Naprosyn/EC)
 - Naproxen DR
 - Oxaprozin (Daypro)
 - Piroxicam (Feldene)
 - Sulindac (Clinoril)

Last Res. 3.27.19



Confidential Information

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References:

1. Flector Patch [prescribing information]. Lugano, Switzerland: IBSA Institut Biochimique SA; August 2018.

Policy Revision history

| Rev # | Type of Change | Summary of Change | Sections Affected | Date |
|--------------|-----------------------|---|--------------------------|-------------|
| 1 | New Policy | New Policy | All | 02/2016 |
| 2 | Update | Formatting change to new template Minor language changes | All | 03/26/2019 |