



## 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**

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