

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Diclofenac Epolamine 1.3% patch (Flector)

Initiation (new start) criteria: Non-formulary **diclofenac epolamine 1.3% patch (Flector)** will be covered on the prescription drug benefit when the following criteria for new therapy, stable or new member coverage are met:

- Diagnosis of acute pain due to a minor strain, sprain or injury
- Documented intolerance or contraindication to or trial and failure of 4 formulary nonsteroidal anti-inflammatory drugs (NSAIDs) (e.g., meloxicam, ibuprofen, naproxen, etodolac, nabumetone) or GI intolerance to 2 formulary NSAIDs used with a proton pump inhibitor (PPI)
- Documented intolerance or contraindication to or trial and failure of celecoxib (generic Celebrex)
- Treatment failure with diclofenac 1% topical gel or solution (of a type expected to improve with the patch formulation)
- No current prescription for another NSAID is available for dispensing