



# Pharmacy Drug Policy & Procedure

<b>Policy Name:</b>	<b>Flector Patch (diclofenac transdermal)</b>	<b>Policy #:</b>	<b>1570P</b>
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## Purpose of the Policy

The purpose of this policy is to establish the prior authorization criteria for the coverage of Flector patch.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Flector patch (diclofenac epolamine transdermal) if the following criteria for coverage are met.

## Criteria

### 1. Coverage Criteria

- 1.1 Will be covered for 12 months if there is a documented trial and failure of or contraindication to Voltaren gel
- 1.2 Only carries an FDA-approved indication for short-term pain relief
- 1.3 Efficacy of Flector patch was only demonstrated for up to two weeks in clinical studies (one study was one week in duration and the other was two weeks)

## CPT Codes

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## HCPCS Codes

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## References

1. Flector (diclofenac epolamine) [prescribing information]. Parsippany, NJ; IBSA Pharma Inc; April 2021.
2. Derry S, Conaghan P, Da Silva JA, et al. Topical NSAIDs for chronic musculoskeletal pain in adults. Cochrane Database Syst Rev 2016; 4:CD007400.

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## DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.