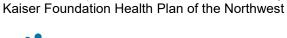
Criteria Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE Diclofenac Epolamine 1.3% patch (Flector)

<u>Initiation (new start) criteria</u>: Non-formulary <u>diclofenac epolamine 1.3% patch</u> (**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

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Revised: 02/14/19 Effective: 03/21/19





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