



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** diclofenac

**Brand Name:** Flector

**Medication Class:** nonsteroidal anti-inflammatory drug

**FDA Approved Uses:** Topical treatment of acute pain due to minor strains, sprains and contusions.

**Available Dosage Forms:** topical patch

**Usual Dose:** 1 patch (180mg) twice daily

**Duration of Therapy:** to be determined by physician.

**Approximate monthly cost** (based on AWP 2008): \$283.50 per month based on bid dosing

**Criteria for Use:** *(bullet points below are all inclusive unless otherwise noted)*

- Clinically documented acute pain due to minor strains, sprains and contusions.
- 18 years or older
- Failed/intolerant to at least 3 generic NSAIDs
- Failed/intolerant to FCHP preferred COX-2 agent

Or

- Inability to take oral formulations.

**Contraindications:**

- In patients with known hypersensitivity to diclofenac who have experienced asthma, urticaria, or allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions to NSAIDs have been reported in such patients
- In the treatment of peri-operative pain in the setting of coronary artery bypass graft (CABG) surgery.
- Flector Patch should not be applied to non-intact or damaged skin resulting from any etiology e.g. exudative dermatitis, eczema, infected lesion, burns or wounds.

**Not Approved if:**

- Patient does not meet the above stated criteria
- Patient has any contraindications to the use of Flector patch.
- Patients with advanced renal disease since Flector has not been studied in this population.



**Special Considerations:**

- Efficacy was demonstrated in only 2 placebo controlled studies out of 4 studies.
- Can still cause adverse GI events since it still is inhibiting formation of prostaglandins, thromboxanes and prostacyclin.
- Carefully consider the potential benefits and risks of Flector® Patch and other treatment options before deciding to use Flector® Patch. Use the lowest effective dose for the shortest duration consistent with individual patient treatment goals

P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_