

POLICY NAME	Flector Patch (diclofenac transdermal)	POLICY #	1570P
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Criteria

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 HCPCS Codes