# **QUANTITY LIMIT CRITERIA**

BRAND NAME (generic)

**FLECTOR** 

(diclofenac epolamine topical system)

**LICART** 

(diclofenac epolamine topical system)

Status: CVS Caremark Criteria

Type: Quantity Limit

## **POLICY**

## FDA-APPROVED INDICATIONS

#### **Flector**

Flector is indicated for the topical treatment of acute pain due to minor strains, sprains, and contusions in adults and pediatric patients 6 years and older.

### Licart

Licart is indicated for the topical treatment of acute pain due to minor strains, sprains, and contusions.

## **REFERENCES**

- 1. Flector Patch [package insert]. New York, NY: Pfizer Inc.; May 2019.
- 2. Licart [package insert]. Parsippany, NJ: IBSA Pharma Inc.; May 2020.
- 3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed June 2020.
- Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed June 2020.

#### LIMIT CRITERIA

Limits should accumulate across all drugs and strengths up to highest quantity listed depending on the order the claims are processed. Accumulation does not apply if limit is coded for daily dose.

Drug 1 Month Limit\* 3 Months Limit\*
Flector 1.3% topical systems (patches) 30 patches (1 box) / 25 days Does not apply\*
Licart 1.3% topical systems (patches) 15 patches (1 box) / 25 days Does not apply\*

Flector, Licart Limit Policy 349-H 06-2020.docx

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<sup>\*</sup> The duration of 25 days is used for a 30-day fill period to allow time for refill processing.

<sup>\*</sup> These drugs are for short-term acute use; therefore, the mail limit will be the same as the retail limit. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 3 month supplies filled.