# BRAND NAME (generic)

## (diclofenac sodium gel, 3%)

Status: CVS Caremark Criteria Type: Initial Prior Authorization

### POLICY

### FDA-APPROVED INDICATIONS

Diclofenac sodium gel 3% (generic Solaraze Gel) is indicated for the topical treatment of actinic keratoses (AK). Sun avoidance is indicated during therapy.

#### **COVERAGE CRITERIA**

The requested drug [diclofenac sodium gel 3 percent (generic Solaraze)] will be covered with prior authorization when being prescribed for the treatment of actinic keratoses (AK).

Quantity limit of 100 grams per month.

#### **REFERENCES**

- 1. Solaraze [package insert]. Melville, NY: PharmaDerm; April 2016.
- 2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed June 2020.
- 3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed June 2020.

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