

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME\*****(generic)****(diclofenac sodium gel 3%)****Status: CVS Caremark® Criteria****Type: Initial Prior Authorization with Quantity Limit****POLICY****FDA-APPROVED INDICATIONS**

Diclofenac sodium topical gel is indicated for the topical treatment of actinic keratoses (AK).

**COVERAGE CRITERIA****Actinic Keratosis (AK)**

Authorization may be granted when the requested drug [diclofenac sodium gel 3 percent (generic Solaraze)] is being prescribed for the treatment of actinic keratosis (AK) when the following criteria is met:

- The patient experienced an inadequate treatment response, intolerance, OR has a contraindication to ONE of the following: imiquimod 5 percent cream, fluorouracil cream or solution

**CONTINUATION OF THERAPY****Actinic Keratosis (AK)**

Authorization may be granted when the requested drug [diclofenac sodium gel 3 percent (generic Solaraze)] is being prescribed for the treatment of actinic keratosis (AK) when the following criteria is met:

- The patient has achieved or maintained a positive clinical response as evidenced by improvement (e.g., percentage of actinic keratosis lesions cleared, patient/prescriber satisfaction, etc.)

**QUANTITY LIMITS APPLY**

100 grams per 25 days\*

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

**\*\* These drugs are for short-term acute use; therefore, the intent is for prescriptions of the requested drug to be filled one month at a time; there should be no 3 month supplies filled.**

**DURATION OF APPROVAL (DOA)**

- 621-C: DOA: 3 months

**REFERENCES**

1. Diclofenac Gel 3% [package insert]. Hawthorne, NY: Taro Pharmaceuticals U.S.A., Inc.; August 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed May 21, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 05/21/2024).
4. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology. Squamous Cell Skin Cancer. Version 1.2024. November 9, 2023. NCCN.org. Accessed May 31, 2024.
5. Eisen DB, Asgari MM, Bennett DD, et al. Guidelines of care for the management of actinic keratosis. *J Am Acad Dermatol*. 2021;85:e209-e233.

Diclofenac Sodium Gel 3 Percent PA with Limit Policy UDR 07-2024.docx

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