

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1159-11
Program	Prior Authorization – Notification
Medication	Diclofenac 3% gel (generic Solaraze)
P&T Approval Date	8/2015, 7/2016, 7/2018, 7/2019, 7/2020, 7/2021, 7/2022, 7/2023, 7/2024, 7/2025, 7/2026
Effective Date	10/1/2026

1. Background:

Diclofenac 3% topical gel (generic Solaraze) is indicated for the topical treatment of actinic keratosis (AK). The recommended duration of therapy is 60 to 90 days.

2. Coverage Criteria^a:

A. Authorization

1. **Diclofenac 3% topical gel (generic Solaraze)** will be approved based on the following criterion:

- a. Diagnosis of actinic keratosis

Authorization will be issued for 3 months

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may apply.

4. References:

1. Diclofenac 3% topical gel (generic Solaraze) [package insert]. Bedminster, NJ: Alembic Pharmaceuticals Limited; January 2025.

Program	Diclofenac 3% gel (generic Solaraze) Prior Authorization – Notification
Change Control	
Date	Change
8/2015	New program.
7/2016	Updated references.
7/2018	Annual review. No changes.
7/2019	Annual review. No changes.
7/2020	Annual review. No changes.
7/2021	Annual review. Added state mandate language.
7/2022	Annual review. Updated references.
7/2023	Annual review. Added generic name due to brand unavailable. Updated references.
7/2024	Annual review. Updated references.
7/2025	Annual review. Updated references.
7/2026	Annual review. Updated to generic name upon brand discontinuation. Included that supply limits may apply under additional clinical rules.