Mass General Brigham
Health Plan

Diclofenac sodium gel 3% (generic Solaraze)
Effective 07/01/2026

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Diclofenac sodium gel 3% (generic Solaraze Gel) is a nonsteroidal anti-inflammatory drug (NSAID) indicated for the topical treatment of actinic keratoses (AK).

Coverage Guidelines
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when the following criteria are met:

1. Requested medication is being prescribed for the treatment of actinic keratoses (AK)

Limitations

1. Approvals will be granted for 3 months.
2. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limits
Diclofenac sodium gel 3%	100 grams/25 days
Diclofenac sodium gel 3%	300 grams/75 days

References

1. Solaraze (diclofenac) [prescribing information]. Melville, NY: PharmaDerm; November 2024.

Review History
12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024
04/15/2026 – Reviewed and updated at April P&T. Updated language for members who are new to the Plan. Effective 07/01/2026.