

**diclofenac 3% gel (SOLARAZE)
fluorouracil 0.5% cream (CARAC)**

Diagnosis Considered for Coverage:

- Actinic keratosis (AK)

Coverage Criteria:

For diagnosis listed above:

- Inadequate response or intolerable side effect to ONE preferred topical AK agent [fluorouracil (Efudex) cream or solution, and imiquimod (Aldara) cream] OR contraindication to all preferred topical AK agents above, and
- Dose does not exceed quantity necessary for treatment course

Coverage Duration:

diclofenac 3% (Solaraze)

90 days

fluorouracil 0.5% (Carac)

28 days

Effective Date: 1/31/2024