

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Diclofenac sodium 3% gel (Solaraze[®])

Non-formulary **diclofenac sodium 3% gel (Solaraze[®])** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by or in consultation with a Dermatologist.

- AND -

- Diagnosis of actinic keratosis on problem list.