

tirbanibulin 1% ointment (KLISYRI)

Diagnosis Considered for Coverage:

- Actinic keratosis

Coverage Criteria:

For diagnosis listed above:

- Inadequate response or intolerable side effect to ONE formulary topical AK agent including [fluorouracil (Efudex) cream and solution, imiquimod 5% (Aldara) cream packets, OR contraindication to ALL formulary topical AK agents above, **and**
- Dose does not exceed quantity necessary for treatment course

Coverage Duration: 5 days of treatment

References:

1. Product Information: KLISYRI(R) topical ointment, tirbanibulin topical ointment. Almirall LLC (per FDA), Exton, PA, 2020.

Effective Date: 5/31/2023