

POLICY NAME	Klisyri (tirbanibulin)	POLICY #	
Criteria			
Exclusion Criteria – Any of the following prevents coverage			
<input type="checkbox"/> 2.1 Presence of atypical, hypertrophic (thickened, widened or raised), unresponsive, or rapidly changing actinic keratosis			
<input type="checkbox"/> 2.2 Open wounds or suspected skin cancers in proximity to the area where the ointment was to be applied			
Coverage Criteria for Actinic Keratosis			
<input type="checkbox"/> 1.1 Documented diagnosis of actinic keratosis present on face and/or scalp			
<input type="checkbox"/> 1.2 Ordered by or in consultation with a dermatologist (skin doctor)			
<input type="checkbox"/> 1.3 Documented failure or contraindication to fluorouracil			
<input type="checkbox"/> 1.4 Documented failure or contraindication to cryotherapy (cold therapy to remove keratosis)			
<input type="checkbox"/> 1.5 Documented failure or contraindication to imiquimod cream <ul style="list-style-type: none">• Applicable to be used in the presence of multiple, flat lesions			

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- ☐ 2.2 Open wounds or suspected skin cancers in proximity to the area where the ointment was to be applied

Coverage Criteria for Actinic Keratosis

- ☐ 1.1 Documented diagnosis of actinic keratosis present on face and/or scalp
- ☐ 1.2 Ordered by or in consultation with a dermatologist (skin doctor)
- ☐ 1.3 Documented failure or contraindication to fluorouracil
- ☐ 1.4 Documented failure or contraindication to cryotherapy (cold therapy to remove keratosis)
- ☐ 1.5 Documented failure or contraindication to imiquimod cream
 - Applicable to be used in the presence of multiple, flat lesions