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| **Criteria Title** | Topical agents for Actinic Keratosis | | |
| **Criteria Subtitle** | Aldara (imiquimod) | | |
| **Approval Level** | GCNSeqNo | | |
| **Products**   |  |  | | --- | --- | | Preferred |  | | Non-Preferred |  | | Brand |  | | Generic |  | | Other |  | | Drug Name | Corresponding Code (s) | Type of Code (GCNSeqNo, HICL, NDC) |
| ALDARA | 031099 | GCNSeqNo |

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| --- | --- | --- | --- | --- | --- | --- |
| Sequence Number | Question ID | Default Next Question ID | Question Type | Question Text | Choice Text | Next Question ID |
| 1 | 1000 |  | Select | Is this request being prescribed in accordance with Food and Drug Administration (FDA) approved labeling? | Y | 1001 |
| N | 1235 |
| 2 | 1001 |  | Select and Free Text | Has the patient had an inadequate clinical response to generic imiquimod 5%?  If yes, please submit the medication trials and dates. | Y | 1002 |
| N | 1235 |
| 3 | 1002 |  | Select | What is the patient’s diagnosis? | Actinic keratosis | 2000 |
| Superficial basal cell carcinoma | 3000 |
| Genital or perianal warts | 4000 |
| Other | 1235 |
| 4 | 2000 |  | Select | Ohio Medicaid covers up to 36 single-use packets in a 16-week period for actinic keratosis.  Does this request meet this requirement? | Y | END (Pending Manual Review) |
| N | 1236 |
| 5 | 3000 |  | Select | Ohio Medicaid covers up to 36 single-use packets in a 6-week period for superficial basal cell carcinoma.  Does this request meet this requirement? | Y | END (Pending Manual Review) |
| N | 1236 |
| 6 | 4000 |  | Select | Ohio Medicaid covers up to 48 single-use packets in a 16-week period for genital or perianal warts.  Does this request meet this requirement? | Y | END (Pending Manual Review) |
| N | 1236 |
| 7 | 1235 |  | Free Text | Please provide the rationale for the medication being requested. | END (Pending Manual Review) | |
| 8 | 1236 |  | Free Text | Please provide the rationale for the dose and frequency being requested. | END (Pending Manual Review) | |

LENGTH OF AUTHORIZATION: Actinic keratosis- 16 weeks; Superficial basal cell carcinoma-6 weeks; Genital or perianal warts- 16 weeks

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| **Last Approved** | 5/1/2023 |
| **Other** |  |