|  |  |  |  |
| --- | --- | --- | --- |
| **ZCriteria Title** | Topical agents for Actinic Keratosis | | |
| **Criteria Subtitle** | Zyclara (imiquimod) | | |
| **Approval Level** | GCNSeqNo | | |
| **Products**   |  |  | | --- | --- | | Preferred |  | | Non-Preferred |  | | Brand |  | | Generic |  | | Other |  | | Drug Name | Corresponding Code(s) | Type of Code (GCNSeqNo, HICL, NDC) |
| ZYCLARA | 066038 | GCNSeqNo |
| ZYCLARA | 068613 | GCNSeqNo |
| ZYCLARA | 069755 | GCNSeqNo |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |
| External genital or perianal warts | 3000 |
| Other | 1235 |
| 4 | 2000 |  | Select | Ohio Medicaid covers up to 56 single-use packets (or two 2.5% or 3.75% 7.5 gram pump bottles) in a 6-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 56 single-use packets (or two 3.75% 7.5 gram pump bottles) in an 8-week period for external genital or perianal warts for a total of 16 weeks if needed.  Does this request meet this requirement? | Y | END (Pending Manual Review) |
| N | 1236 |
| 6 | 1235 |  | Free Text | Please provide the rationale for the medication being requested. | END (Pending Manual Review) | |
| 7 | 1236 |  | Free Text | Please provide the rationale for the dose and frequency being requested. | END (Pending Manual Review) | |

LENGTH OF AUTHORIZATION: Actinic keratosis- 6 weeks; External genital or perianal warts- 16 weeks

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