



Commercial/Healthcare Exchange PA Criteria

Effective: 6/9/2021

Prior Authorization: KLISYRI (tirbanibulin)

Products Affected: KLISYRI (tirbanibulin) topical ointment

Medication Description:

Tirbanibulin is a microtubule inhibitor. The mechanism of action of KLISYRI for the topical treatment of actinic keratosis is unknown.

Covered Uses: For the topical treatment of Actinic keratosis on the face or scalp

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies

Age Restrictions: 18 years of age or older.

Prescriber Restrictions: Prescribed by or in consultation with a dermatologist

Coverage Duration: 30 days for initial treatment and 12 months for continuation of therapy

Other Criteria:

I. Initial Approval Criteria

(must meet all):

1. Patient has actinic keratosis on the face or scalp; **AND**
2. Patient has had an inadequate result or intolerance to at least one of the following:
 - a. Fluorouracil topical product; **OR**
 - b. Imiquimod topical product

II. Continued Therapy

1. Member is responding positively to therapy; **AND**
2. Member has not experienced unacceptable toxicity from the drug.

Last Rev. June 9, 2021



Confidential Information

This document is confidential and proprietary to ConnectiCare. Unauthorized use and distribution are prohibited.



Approval duration: 12 months

References:

1. KLISYRI (tirbanibulin) [Package Insert]. Exton, PA. Almirall, LLC. Updated December 18, 2020. Accessed April 26, 2021. Available at: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=589c8de8-b773-4d47-b60c-48471806cccc>

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New policy	New policy	All	6/9/2021

Last Rev. June 9, 2021



Confidential Information

This document is confidential and proprietary to ConnectiCare. Unauthorized use and distribution are prohibited.