Pharmacy Drug Policy & Procedure

Policy Name:	Klisyri (tirbanibulin)	Policy#:	2826P

Purpose of the Policy

The purpose of this policy is to define coverage criteria for Klisyri (tirbanibulin) for the treatment of actinic keratosis.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Klisyri (tirbanibulin) if the following criteria are met.

Criteria

1. 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

2. Exclusion Criteria

2.1 Presence of atypical, hypertrophic (thickened, widened or raised), unresponsive, or rapidly changing actinic keratosis
2.2 Open wounds or suspected skin cancers in proximity to the area where the ointment was to be applied

3. Approval Period

3.1 Authorization will be placed for one 5 day course of therapy

CPT Codes	
HCPCS Codes	

References

1. Klisyri (tirbanibulin) [prescribing information]. Malvern, PA: Almirall LLC; August 2021.
2. Eisen DB, Dellavalle RP, Green LF, et al. Focused update: Guidelines of care for the management of actinic keratosis. J Am Acad Dermatol. 2022 Aug;87(2):373-374.

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DISCLAIMER
This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.