

**KLISYRI
(tirbanibulin ointment)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Actinic keratosis (AK)

AND the following:

1. Inadequate treatment response, intolerance, or contraindication to

BOTH of the following:

- a. Topical purine analog (e.g., fluorouracil)
- b. Topical antineoplastic (e.g., imiquimod)

Prior - Approval Limits

Quantity 5 packets

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Actinic keratosis (AK)

AND the following:

1. Patient had improvement in lesion(s) from their last course of therapy

Prior - Approval *Renewal* Limits

Same as above