# MedImpact

**STANDARD COMMERCIAL DRUG FORMULARY**
**PRIOR AUTHORIZATION GUIDELINES**

**FLUOROURACIL 0.5% CREAM**

| Generic | Brand | HICL | GCN | Medi-Span | Exception/Other |
|---------|-------|------|-----|-----------|-----------------|
| FLUOROURACIL 0.5% | CARAC | | 12514 | GPI-14 (90372030003705) | |

## GUIDELINE FOR USE

1. Does the patient have a diagnosis of actinic or solar keratosis of the face and anterior scalp **AND** meet the following criterion?
   - The patient had a trial of **TWO** generic topical agents indicated for AK (e.g., fluorouracil, imiquimod, diclofenac 3%)

     If yes, **approve for 1 month by GPID or GPI-14.**
     If no, do not approve.
     **DENIAL TEXT:** **\*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

     Our guideline named **FLUOROURACIL 0.5% CREAM (Carac)** requires the following rule(s) be met for approval:
     A. You have actinic or solar keratosis (AK: rough, scaly patch on the skin caused by years of sun exposure) of the face and anterior (front) scalp
     B. You have previously tried TWO generic topical (applied to skin) agents for AK (such as fluorouracil, imiquimod, diclofenac 3%)

     Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

## RATIONALE
For further information, please refer to the Prescribing Information and/or Drug Monograph for Carac.

## REFERENCES
- Carac [Prescribing Information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC.; May 2017.

| Library | Commercial | NSA |
|---------|-----------|-----|
| Yes | Yes | No |

Part D Effective: N/A      Created: 08/18
Commercial Effective: 07/01/21      Client Approval: 05/21      P&T Approval: 04/21