



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

TIRBANIBULIN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TIRBANIBULIN	KLISYRI	47031		GPI-10 (9037458000)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of actinic keratosis (AK) on the face or scalp **AND** meet the following criterion?

- The patient had a trial of **TWO** generic topical agents for AK (e.g., fluorouracil, imiquimod, diclofenac 3%)

If yes, **approve for 2 months by HICL or GPI-10 for one fill with a quantity limit of #5 packets.**

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 **TIRBANIBULIN (Klisyri)** requires the following rule(s) be met for approval:

- A. You have actinic keratosis (AK: rough, scaly patch on the skin caused by years of sun exposure) on the face or scalp
- B. You have previously tried TWO generic topical 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 Klisyri.

**REFERENCES**

- Klisyri [Prescribing Information]. Exton, PA: Almirall, LLC.; December 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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