



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 3155-1
Program	Step Therapy
Medication	Klisyri (tirbanibulin)
P&T Approval Date	6/2021
Effective Date	9/1/2021; Oxford only: 9/1/2021

1. Background:

Klisyri is a microtubule inhibitor indicated for the topical treatment of actinic keratosis of the face or scalp.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes.

2. Coverage Criteria^a:

A. **Klisyri** will be approved based on the following criterion:

1. History of failure, contraindication, or intolerance to **two** of the following:

- a) diclofenac 3% gel (generic Solaraze)
- b) topical fluorouracil (e.g. Carac, generic Efudex)
- c) imiquimod (e.g. generic Aldara)

Authorization will be issued for 1 month.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may also be in place.

4. References:

1. Klisyri [package insert]. Exton, PA: Almirall, LLC; December 2020.
2. Carac [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; May 2017.



3. Efudex [package insert]. Bridgewater, NJ: Bausch Health US, LLC; April 2020.
4. Aldara [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; April 2018.
5. McIntyre, WJ et al. Treatment Options for Actinic Keratoses. Am Fam Physicians. 2007. Sept 1;76(5):667-571.

Program	Step Therapy – Klisyri
Change Control	
6/2021	New program.