

## 5.90.046

| Section: F    | Prescription Drugs | Effective Date:       | October 1, 2023  |
|---------------|--------------------|-----------------------|------------------|
| Subsection: T | Fopical Products   | Original Policy Date: | January 29, 2021 |
| Subject: k    | Klisyri            | Page:                 | 1 of 3           |

Last Review Date: September 8, 2023

## Klisyri

Description

### Klisyri (tirbanibulin) ointment

#### Background

Klisyri (tirbanibulin) is a microtubule inhibitor. Its mechanism of action for the topical treatment of actinic keratosis is unknown (1).

#### **Regulatory Status**

FDA-approved indication: Klisyri ointment is indicated for the topical treatment of actinic keratosis (AK) of the face or scalp (1).

Klisyri should be applied to the face or scalp once daily for 5 consecutive days using 1 singledose packet per application (1).

Klisyri may cause eye irritation and transfer of the drug into the eyes and to the periocular area during and after application should be avoided. Patients should wash their hands immediately after application (1).

Safety and effectiveness of Klisyri in pediatric patients less than 18 years of age have not been established (1).

#### Related policies

Aldara, Solaraze, Zyclara

Policy

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This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Klisyri may be considered medically necessary if the conditions indicated below are met.

Klisyri may be considered **investigational** for all other indications.

## **Prior-Approval Requirements**

Age 18 years of age or older

Diagnosis

Patient must have the following:

Actinic keratosis (AK)

#### AND ALL of 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 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

#### **Policy Guidelines**

#### **Pre - PA Allowance**

None

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## **Prior - Approval Limits**

**Quantity** 5 packets

Duration 12 months

### Prior – Approval Renewal Limits

Same as above

Rationale

#### Summary

Klisyri (tirbanibulin) is a microtubule inhibitor. Its mechanism of action for the topical treatment of actinic keratosis is unknown. Safety and effectiveness of Klisyri in pediatric patients less than 18 years of age have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Klisyri while maintaining optimal therapeutic outcomes.

#### References

1. Klisyri [package Insert]. Exton, PA: Almirall, LLC; August 2021.

| Policy History |   |
|----------------|---|
| Date           | Action  |
| January 2021   | Addition to PA  |
| June 2022      | Annual review   |
| June 2023      | Annual review and reference update. Changed policy number to 5.90.046 |
| September 2023 | Annual review   |
| Keywords       |   |

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 8, 2023 and is effective on October 1, 2023.