

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Non-Preferred Agents for Actinic Keratosis

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Notes
Carac 0.5% cream	Non-Preferred
Efudex (fluorouracil) 5% cream	Non-Preferred
Fluoroplex (fluorouracil) 1% cream	Non-Preferred
Tolak (fluorouracil) 4% cream	Non-Preferred
Fluorouracil 0.5% cream	Non-Preferred

### **APPROVAL CRITERIA**

Requests for a non-preferred topical agent for actinic keratosis may be approved when the following criterion is met:

- I. Individual has had a trial and inadequate response or intolerance to one preferred topical agent for actinic keratosis.

Preferred agents: fluorouracil 5% cream, fluorouracil 2% topical solution, fluorouracil 5% topical solution, imiquimod 5% cream packets

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A		

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

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