

Tirbanibulin (KLISYRI) Ointment

Criteria for Use

May 2021

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the [PBM INTERnet](#) or [PBM INTRANet](#) site for further information.

Exclusion Criteria

None.

Inclusion Criteria

All criteria must be fulfilled.

- Care is provided by a VA / VA Community Care dermatologist or locally designated expert in actinic keratosis (AK).
- Clinically typical AK of the face or scalp.
- Inadequate response or intolerance to TWO of three topical field therapies (**5-fluorouracil, imiquimod, or diclofenac 3%**) unless the treatment is medically inadvisable.
- Inadequate response or intolerance to **aminolevulinic acid with photodynamic therapy** unless the treatment is medically inadvisable, unfeasible, or unavailable.

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