



SmartPA Criteria Proposal

Drug/Drug Class:	Actinic Keratosis Agents, Topical PDL Edit	
First Implementation Date:	July 13, 2017	
Revised Date:	July 1, 2021	
Prepared For:	MO HealthNet	
Prepared By:	MO HealthNet/Conduent	
Criteria Status:	⊠Existing Criteria □Revision of Existing Criteria □New Criteria	

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Actinic Keratosis (AK) is a premalignant condition of the skin that manifests as small, thick, scaly patches of the skin. It is seen mostly in sun-exposed areas of the skin and should be treated due to its potential to progress into a squamous cell carcinoma. A United States-based actinic keratosis guideline is not available, but the 2015 guideline from the International League of Dermatological Societies provides recommendations for the treatment options of actinic keratosis. The guideline mentions that topical diclofenac, fluorouracil, imiquimod, or ingenol mebutate are options for the treatment of actinic keratosis but does not provide a preference for one agent over others. The comparative evidence among the agents remains limited as most studies had a small sample size and were conducted in a single center. The results of these studies are conflicting, and clear evidence for a certain agent having a superior efficacy and safety is lacking.

Program-Specific	Preferred Agents	Non-Preferred Agents
Information:	 Fluorouracil 5% Crm Fluorouracil Soln Imiquimod 5% 	 Aldara[®] Carac[®] Diclofenac 3% Gel Efudex[®] Fluorouracil 0.5% Crm Imiquimod 3.75% Picato[®]
		 Solaraze[®] Tolak[®] Zyclara[®]
Type of Criteria:	 ☑ Increased risk of ADE ☑ Appropriate Indications 	☑ Preferred Drug List □ Clinical Edit
Data Sources:	Only Administrative Databases	☑ Databases + Prescriber-Supplied

Total program savings for the PDL classes will be regularly reviewed.