

## fluorouracil 1 % cream (FLUOROPLEX)

### Diagnosis Considered for Coverage:

- Actinic keratosis

### Coverage Criteria:

#### For diagnosis listed above:

- Inadequate response or intolerable side effect to ONE formulary topical AK agent including [fluorouracil (Efudex) cream and solution, imiquimod (Aldara) cream] OR contraindication to ALL formulary topical AK agents above, **and**
- Dose does not exceed quantity necessary for treatment course

### Coverage Duration: 6 weeks

#### References:

1. Product Information: FLUOROPLEX(R) topical cream, fluorouracil 1% topical cream. Aqua Pharmaceuticals (per DailyMed), West Chester, PA, 2022.

Effective Date: 1/31/2024