

**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