

Clinical Pharmacy Program Guidelines for Imiquimod

Program	Prior Authorization
Medication	Imiquimod

1. Background:

Drugs Requiring Prior Authorization

ALDARA™ 5% CREAM
IMIQUIMOD 5% CREAM PACKET
ZYCLARA® 3.75% CREAM

2. Coverage Criteria:

A. One of the following:

1. If the request is for Aldara 5% cream, the patient is at least 12 years of age.

OR

2. If the request is for Zyclara 3.75% cream, the patient is at least 18 years of age.

Authorization will be issued for 365 days.

Program	Program type – Prior Authorization
Change Control	
Date	Change
August 1, 2016	New program