



Help your patients access their Almirall prescriptions

This brochure is designed to provide you and your office staff with a user-friendly guide to completing the PA request process.

Seysara[®]
(sarecycline) tablets

 **KLISYRI**[®]
tirbanibulin ointment

Please see Important Safety Information on pages 5 & 8 for **SEYSARA**[®] and pages 6 & 9 for **KLISYRI**[®].
Please click to see full [Prescribing Information](#) for **SEYSARA**[®] and full [Prescribing Information](#) for **KLISYRI**[®].

Help Your Patients Get Affordable Access to SEYSARA® (sarecycline) and KLISYRI® (tirbanibulin)

A correctly completed PA request is essential

Many insurance companies require prior authorization (PA) and/or step-therapy before they cover SEYSARA® or KLISYRI®. It is important that the PA request is accurately completed in order to facilitate a determination by the patient's insurance company.



Almirall is committed to ensuring eligible patients can receive their insurance-covered prescriptions at a co-pay savings—as little as **\$35 for SEYSARA®** and **\$25 for KLISYRI®**.*

Steps to savings for your patients



Prescribe SEYSARA® or KLISYRI® and submit PA request.



The insurance company processes the PA request and makes a coverage determination.



Patient uses savings card, paying as little as \$35 for SEYSARA® or \$25 for KLISYRI®, if PA is approved.

Most insurance plans require a PA for Almirall medications. Please work with your patient's insurance company to pursue coverage so the patient can benefit from co-pay savings. Use of CoverMyMeds does not guarantee prescription coverage.

*For SEYSARA, eligible patients with private health insurance whose insurance covers SEYSARA may pay as little as \$35 for a 30-day supply. Patients with private health insurance who do not have coverage for SEYSARA pay \$175 at a retail pharmacy or \$65 at a pharmacy within the Almirall Advantage Network. Patients with private health insurance who elect not to use their insurance coverage for SEYSARA pay \$65 at a pharmacy within the Almirall Advantage Network. Offer not available to individuals with prescription drug coverage under Medicare, Medicaid, Tricare, the Veterans Health Network, the Indian Health Service, state pharmaceutical assistance programs, or any other federal or state government health care program. Other restrictions, terms and conditions apply. Full terms and conditions can be found on almiralladvantage.com. Not valid where prohibited by law. For KLISYRI® prescriptions, eligible patients with commercial insurance only (non-government) may pay as low as \$25. Patients who do not have coverage for KLISYRI® under their commercial insurance may pay \$150 at a retail pharmacy or \$95 at a pharmacy within the Almirall Advantage Network. Terms and conditions apply. Available savings may vary and are subject to maximum benefit limits.

Please see Important Safety Information on pages 5 & 8 for SEYSARA® and pages 6 & 9 for KLISYRI®.

Please click to see full [Prescribing Information for SEYSARA®](#) and full [Prescribing Information for KLISYRI®](#).

Prior Authorization (PA) Assistance

Start the office PA process in 3 easy steps

1

Create an account at no charge or log in to your existing account at CoverMyMeds.com

2

Create a PA request for treatment or complete a pharmacy-initiated PA request

3

Fill in the medical details and then **click the button** to electronically submit the request to any plan for determination

OR


How to complete a pharmacy-initiated PA request

When a pharmacy starts a PA request for one of your patients, you will receive a fax with a key to access it.

1. **Log in** or create your no-cost account at CoverMyMeds.com
2. Click **“Enter Key”** on your CoverMyMeds dashboard
3. **Enter** the key from the fax and the patient’s last name and date of birth
4. **Fill in** any remaining fields that are not already completed and click **“Send to Plan”**
5. **Mark determinations** directly in your CoverMyMeds account. The pharmacy will be notified of the outcome once it is determined by the plan

Example Electronic Prior Authorization (ePA) Form

▼ Drug

A Medication Name	IMPORTANT! The medication selected determines the Criteria returned. Please make sure you are submitting the correct Brand or Generic medication, to enhance your ePA experience. <input type="text"/>	
B  Quantity	Please ensure quantity entered matches the prescription directions. Please enter no more than a 30 day supply. For example, 90 tablets/90 days should be entered as a quantity of 30 tablets. Enter numeric value with up to 2 decimal places and a preceding zero before the decimal when applicable. For example, .5 must be entered as 0.5. <input type="text"/> Confirm dosage form <input type="text"/>	Required
C Days Supply	Not to exceed a 30-day supply <input type="text"/>	Required
D Primary Diagnosis	ICD-10 <input type="text"/>	Required
E Secondary Diagnosis	ICD-10 <input type="text"/>	Important

Please see the following pages for details on completing the corresponding sections of the ePA for SEYSARA® and KLISYRI®.

Clinical questions that follow initial submission of information (patient demographics, drug information, and prescriber information) are payer-specific and will vary based on payer-mandated requirements for prior authorization.

Please see Important Safety Information on pages 5 & 8 for SEYSARA® and pages 6 & 9 for KLISYRI®.

Please click to see full [Prescribing Information](#) for SEYSARA® and full [Prescribing Information](#) for KLISYRI®.

Completing the ePA Request Form



1. Medication Information

A Medication Name: SEYSARA®.

Note: Almirall medication will be pre-populated based on prescription directions. SEYSARA® is a tetracycline-class drug indicated for the treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 9 years of age and older.

B Quantity and Dosage: Enter the quantity and dose that matches the prescription directions. The recommended dosing for SEYSARA® is once daily. SEYSARA® tablets are available in 3 strengths based on patient weight:

- 60 mg for patients who weigh 33-54 kg
- 100 mg for patients who weigh 55-84 kg
- 150 mg for patients who weigh 85-136 kg

C Days' Supply: Enter the desired supply (not to exceed 30 days).

D Primary Diagnosis—ICD-10: Insert the appropriate ICD-10 code(s) for your patient. Select any appropriate disease-specific code(s) based on the individual patient's diagnosis. The most commonly used code is listed on the top right of this page.

E Secondary Diagnosis—ICD-10: If applicable, insert the patient's secondary diagnosis by using the appropriate ICD-10 code(s) for your patient. Select any appropriate disease-specific code(s) based on the individual patient's diagnosis.

Common ICD-10 code:

Acne vulgaris: L70.0

SEYSARA® INDICATION AND USAGE

SEYSARA (sarecycline) tablet 60/100/150 mg, is indicated for the treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 9 years of age and older.

Limitations of Use: Efficacy of SEYSARA beyond 12 weeks and safety beyond 12 months have not been established. SEYSARA has not been evaluated in the treatment of infections. To reduce the development of drug-resistant bacteria as well as to maintain the effectiveness of other antibacterial drugs, SEYSARA should be used only as indicated.

SEYSARA® SELECTED IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

SEYSARA is contraindicated in persons who have shown hypersensitivity to any of the tetracyclines.

WARNINGS AND PRECAUTIONS

- Like other tetracyclines, SEYSARA can cause fetal harm when administered to a pregnant woman. If SEYSARA is used during pregnancy, or if the patient becomes pregnant while taking SEYSARA, the patient should be informed of the potential hazard to the fetus and treatment should be stopped immediately.

Please see additional Important Safety Information on [page 8](#).

Please click to see full [Prescribing Information](#).

ICD-10=International Classification of Diseases, 10th Revision.

Completing the ePA Request Form



1. Medication Information

A Medication Name: KLISYRI®.

Note: Almirall medication will be pre-populated based on prescription directions. KLISYRI® is a microtubule inhibitor indicated for the topical treatment of actinic keratosis of the face or scalp.

B Quantity and Dosage: Enter the quantity and dose that matches the prescription directions. KLISYRI® ointment is available in single-dose packets of 1% tirbanibulin.

C Days' Supply: Enter the desired supply (not to exceed 30 days).

D Primary Diagnosis—ICD-10: Insert the appropriate ICD-10 code(s) for your patient. Select any appropriate disease-specific code(s) based on the individual patient's diagnosis. The most commonly used code is listed on the top right of this page.

E Secondary Diagnosis—ICD-10: If applicable, insert the patient's secondary diagnosis by using the appropriate ICD-10 code(s) for your patient. Select any appropriate disease-specific code(s) based on the individual patient's diagnosis.

Common ICD-10 code:

Actinic keratosis: L57.0

KLISYRI® INDICATION

KLISYRI (tirbanibulin) is a microtubule inhibitor indicated for the topical treatment of actinic keratosis of the face or scalp.

KLISYRI® SELECTED IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Ophthalmic Adverse Reactions

KLISYRI may cause eye irritation. Avoid transfer of the drug into the eyes and to the periocular area during and after application. Wash hands immediately after application. If accidental exposure occurs, instruct patient to flush eyes with water and seek medical care as soon as possible.

Please see additional Important Safety Information on [page 9](#).

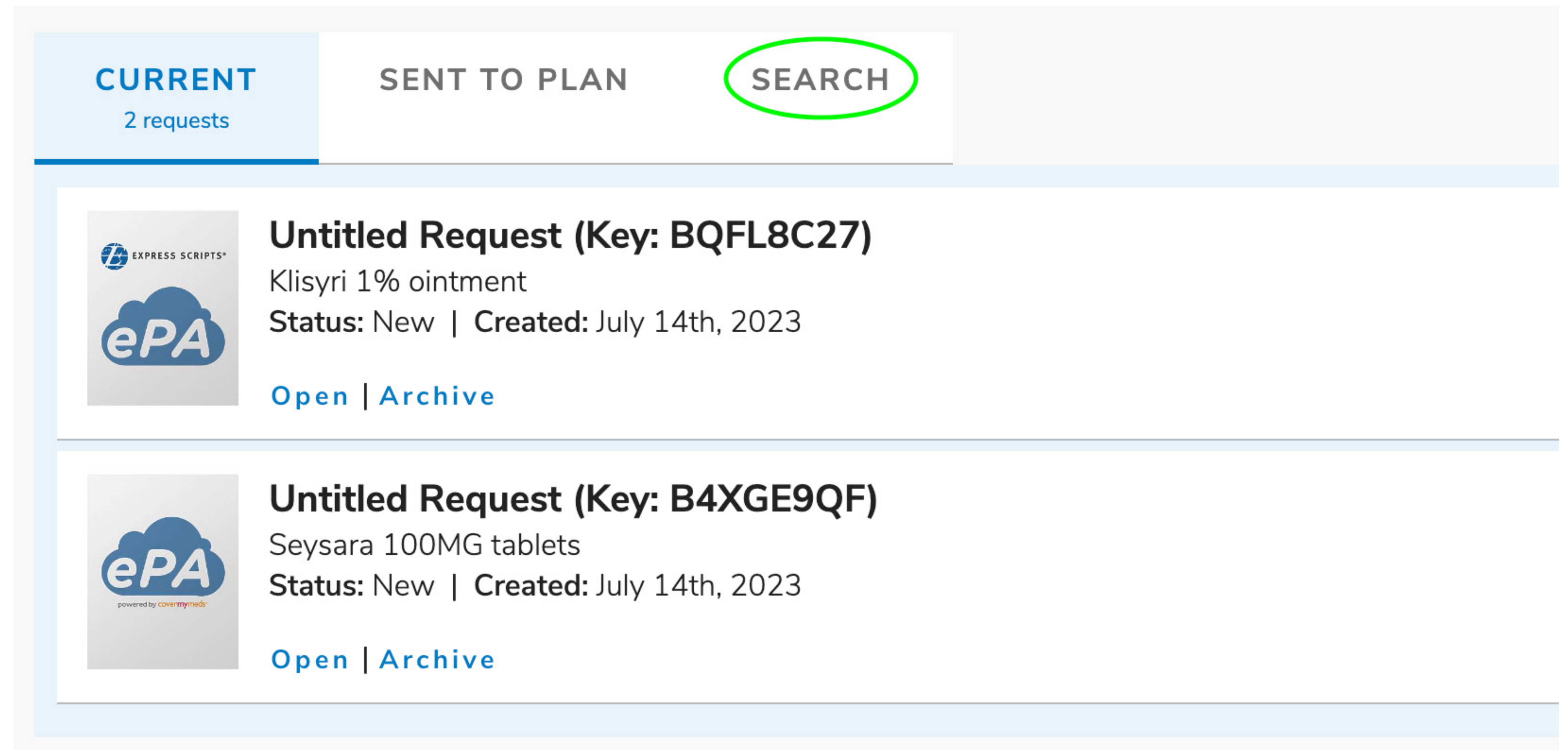
Please click to see full [Prescribing Information](#).

ICD-10=International Classification of Diseases, 10th Revision.

How to Locate Outstanding PA Requests on the Dashboard

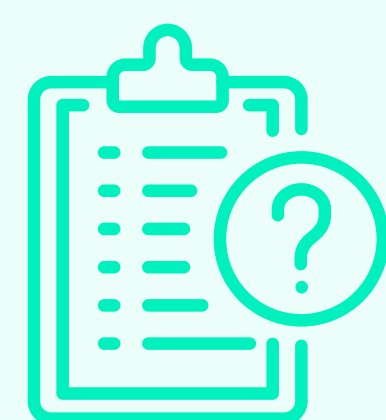
You can locate outstanding PA requests on the dashboard of your CoverMyMeds portal.

To filter for SEYSARA® or KLISYRI®, go to the “Search” tab and select “Open and Archived Requests.” Then, search for “SEYSARA®” or “KLISYRI®.”



The screenshot shows a dashboard with three tabs: "CURRENT" (2 requests), "SENT TO PLAN", and "SEARCH" (highlighted with a green circle). Below the tabs, two request cards are displayed:

- Untitled Request (Key: BQFL8C27)**
Klisyri 1% ointment
Status: New | Created: July 14th, 2023
Open | Archive
- Untitled Request (Key: B4XGE9QF)**
Seysara 100MG tablets
Status: New | Created: July 14th, 2023
Open | Archive



Need Help Getting Started?

If you have any questions about locating outstanding PA requests in the CoverMyMeds system, please call [1-866-452-5017](tel:1-866-452-5017). When you call, tell them you need assistance locating outstanding PA requests on the dashboard of your CoverMyMeds account.

Please see Important Safety Information on pages [5 & 8](#) for SEYSARA® and pages [6 & 9](#) for KLISYRI®.

Please click to see full [Prescribing Information](#) for SEYSARA® and full [Prescribing Information](#) for KLISYRI®.

SEYSARA® Important Safety Information (continued)

Seysara®
(sarecycline) tablets

almirall
feel the science

WARNINGS AND PRECAUTIONS (continued)

- The use of SEYSARA during **tooth development** (second and third trimesters of pregnancy, infancy, and childhood up to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown).
- **Clostridium difficile associated diarrhea (CDAD)** has been reported with nearly all antibacterial agents, and may range in severity from mild diarrhea to fatal colitis. If Clostridium difficile Associated Diarrhea (antibiotic associated colitis) occurs, discontinue SEYSARA.
- **Central nervous system side effects**, including light-headedness, dizziness or vertigo, have been reported with tetracycline use. Patients who experience these symptoms should be cautioned about driving vehicles or using hazardous machinery. These symptoms may disappear during therapy and may disappear when the drug is discontinued.
- **Intracranial hypertension** in adults and adolescents has been associated with the use of tetracyclines. Clinical manifestations include headache, blurred vision and papilledema. Although signs and symptoms of intracranial hypertension resolve after discontinuation of treatment, the possibility for sequelae such as visual loss that may be permanent or severe exists. Concomitant use of isotretinoin and SEYSARA should be avoided because isotretinoin, a systemic retinoid, is also known to cause intracranial hypertension.

- **Photosensitivity** manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Patients should minimize or avoid exposure to natural or artificial sunlight (tanning beds or UVA/B treatment) while using SEYSARA.
- **Bacterial resistance** to tetracyclines may develop in patients using SEYSARA. Because of the potential for drug-resistant bacteria to develop during the use of SEYSARA, it should only be used as indicated.
- As with other antibiotic preparations, use of SEYSARA may result in overgrowth of non-susceptible organisms, including fungi. If **superinfection** occurs, SEYSARA should be discontinued and appropriate therapy instituted.

ADVERSE REACTIONS

Most common adverse reaction (incidence $\geq 1\%$) is nausea: SEYSARA (3.1%) versus placebo (2.0%).

Please click to see full [Prescribing Information](#).

KLISYRI® Important Safety Information (continued)



WARNINGS AND PRECAUTIONS (continued)

Local Skin Reactions

Local skin reactions, including severe reactions (erythema, flaking/scaling, crusting, swelling, vesiculation/pustulation, and erosion/ulceration) in the treated area can occur after topical application of KLISYRI. Avoid use until skin is healed from any previous drug, procedure, or surgical treatment. Occlusion after topical application of KLISYRI is more likely to result in irritation.

ADVERSE REACTIONS

The most common adverse reactions (incidence $\geq 2\%$) were local skin reactions, application site pruritus, and application site pain.

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