

Policy Name:	Antifungals, Topical, Step-Edit	Policy#:	1914P
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Purpose of the Policy

The purpose of this policy is to establish coverage criteria for brand name and non-preferred generic topical antifungal products. Policy applies to Ertaczo cream, Exelderm cream, Exelderm solution, luliconazole cream, Luzu cream, Mentax cream, naftifine cream, naftifine gel, Naftin Cream, Naftin gel, oxiconazole cream, Oxistat cream, Oxistat lotion, sulconazole cream, sulconazole solution.

Statement of the Policy

Health Alliance Medical Plans will approve the use of a brand name or non- preferred generic topical antifungal formulary product when the following step-edit criteria has been met.

Criteria

1. Antifungals, topical, step-edit

- 1.1. If you have a previous paid claim at the pharmacy for a formulary generic topical antifungal, a brand name or non-preferred generic topical antifungal may be covered
- 1.2. Provider can submit medical chart documentation of previous trial and subsequent failure on a formulary generic topical antifungals or documentation supporting clinical necessity for using brand product before a generic

2. Managed Dose Limit

- 2.1. All dermatological products have a Managed Dose Limit (MDL) in place allowing only the smallest package size of each product to process
- 2.2. Requests for larger package sizes will require documentation of medical necessity, including the following:
 - At least two previous paid claims for the product in the smallest package size within the previous month

3. Jublia and Kerydin Coverage

- 3.1. See Jublia (efinaconazole) and Kerydin (tavaborole) policy

4. Approval Period

- 4.1. 12 months

CPT Codes

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HCPCS Codes

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References

1. Havlickova B, Czaika VA, Friedrich M. Epidemiological trends in skin mycoses worldwide. *Mycoses* 2008; 51 Suppl 4:2.
2. Seebacher C, Bouchara JP, Mignon B. Updates on the epidemiology of dermatophyte infections. *Mycopathologia* 2008; 166:335.
3. Ameen M. Epidemiology of superficial fungal infections. *Clin Dermatol* 2010; 28:197.
4. El-Gohary M, van Zuuren EJ, Fedorowicz Z, et al. Topical antifungal treatments for tinea cruris and tinea corporis. *Cochrane Database Syst Rev* 2014; :CD009992.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.