

Non-Preferred Topical Agents for Cutaneous Fungal Infections Step Therapy

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comment	Quantity Limit
Ertaczo (sertaconazole nitrate) cream	Non-Preferred	May be subject to quantity limit
Sulconazole nitrate cream, solution		
Luliconazole cream		
Mentax (butenafine hydrochloride) cream		
Naftifine cream		
Oxiconazole cream		
Oxistat (oxiconazole nitrate) lotion		

APPROVAL CRITERIA

Requests for a non-preferred topical agent for cutaneous fungal infections may be approved based on the following criterion:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to three preferred topical agents (ciclopirox cream/susp/gel, clotrimazole cream/solution, ketoconazole shampoo/cream).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.