

POLICY NAME	Condylox (Podofilox Gel) Step-Edit Policy	POLICY #	3177P
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Criteria

Condylox Gel Step-Edit

- ☐ 1.1 Step edit requires a previous paid claim at the pharmacy for generic podofilox solution
- ☐ 1.2 Provider can submit medical chart documentation of previous trial and subsequent failure with podofilox solution to bypass the electronic step requirement
- ☐ 1.3 Bypass step through generic podofilox solution if documentation supports perianal warts (only Condylox gel indicated for perianal warts)