

POLICY NAME	Antifungals, Topical, Step-Edit	POLICY #	1914P
--------------------	---------------------------------	-----------------	--------------

Criteria

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

Jublia and Kerydin Coverage

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