

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

Antifungals, topical, step-edit

- ☐ 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
- ☐ 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

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