QUANTITY LIMIT PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	**TOPICAL ANTIFUNGALS**
BRAND NAME (generic)	**EXELDERM (sulconazole cream and solution)**

Status: CVS Caremark Criteria
Type: Quantity Limit; Post Limit Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Exelderm Cream
Exelderm (sulconazole nitrate) cream, 1.0% is an antifungal agent indicated for the treatment of tinea pedis (athlete's foot), tinea cruris, and tinea corporis caused by *Trichophyton rubrum, Trichophyton mentagrophytes, Epidermophyton floccosum,* and *Microsporum canis*, and for the treatment of tinea versicolor.

Exelderm Solution
Exelderm (sulconazole nitrate) solution, 1.0% is a broad-spectrum antifungal agent indicated for the treatment of tinea cruris and tinea corporis caused by *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epidermophyton floccosum*, and *Microsporum canis*; and for the treatment of tinea versicolor. Effectiveness has not been proven in tinea pedis (athlete's foot).

Symptomatic relief usually occurs within a few days after starting Exelderm solution and clinical improvement usually occurs within one week.

INITIAL QUANTITY LIMIT**

LIMIT CRITERIA
Limits should accumulate across all drugs and strengths up to highest quantity listed depending on the order the claims are processed.

Drug	4 Weeks and 12 Weeks Limit*
Exelderm Cream	60 g / 21 days
Exelderm Solution	60 mL / 21 days

**The duration of 21 days is used for a 28-day fill period to allow time for refill processing.*
**** These drugs are for short-term acute use; therefore, the mail limit will be the same as the retail limit. The intent is for prescriptions of the requested drug to be filled 4 weeks at a time; there should be no 12 week supplies filled.***

**If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- Exelderm SOLUTION is being prescribed for any of the following: A) Tinea cruris, B) Tinea corporis, C) Tinea versicolor

  OR
- Exelderm CREAM is being prescribed for any of the following: A) Tinea cruris, B) Tinea corporis, C) Tinea versicolor, D) Tinea pedis

AND

- The requested drug is being prescribed to treat a body surface area that requires more than 60 grams or milliliters in a 4 week period

Quantity Limits apply.

POST LIMIT QUANTITY

120 mL/4 weeks* Exelderm Soln
120 g/4 weeks* Exelderm Cream
**The duration of 21 days is used for a 28-day fill period to allow time for refill processing.*

REFERENCES

1. Exelderm Cream [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; June 2018.
2. Exelderm Solution [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; July 2018.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed April 2019.
4. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed April 2019.
5. American Academy of Dermatology: Topical Dermatologic Therapies: Basic Dermatology Curriculum. https://www.aad.org/education/basic-derm-curriculum/suggested-order-of-modules/dermatologic-therapies. Accessed April 2019.