

<b>Policy Name:</b>	<b>Condylox (Podofilox Gel) Step-Edit Policy</b>	<b>Policy#:</b>	<b>3177P</b>
---------------------	--	-----------------	--------------

## Purpose of the Policy

The purpose of this policy is to define coverage criteria for Condylox or Podofilox Gel.

## Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Condylox or Podofilox Gel under the pharmacy benefit if the following criteria are met.

## Criteria

### 1. 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)

### 2. Approval Period

- 2.1 12 months

## CPT Codes

--	--

## HCPCS Codes

--	--

## References

1. Condylox (podofilox) [prescribing information]. Irvine, CA: Allergan USA Inc; May 2018.
2. Bonnez W, Elswick RK Jr, Bailey-Farchione A, et al. Efficacy and safety of 0.5% podofilox solution in the treatment and suppression of anogenital warts. Am J Med 1994; 96:420.
3. Workowski KA, Bachmann LH, Chan PA, et al. Sexually transmitted infections treatment guidelines, 2021. MMWR Recomm Rep. 2021;70(4):1-187.

**Created Date:** 04/05/2023  
**Effective Date:** 04/05/2023  
**Posted to Website:** 04/05/2023  
**Revision Date:** 04/03/2024

## DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.