

## Commercial/Healthcare Exchange PA Criteria

*Effective: October 1, 2020*

**Prior Authorization:** Exelderm

**Products Affected:** Exelderm (sulconazole nitrate) 1% topical solution, Exelderm (sulconazole nitrate) 1% topical cream, sulconazole nitrate 1% topical solution, sulconazole nitrate 1% topical cream

**Medication Description:** Exelderm (sulconazole nitrate, USP) solution, 1.0% is a broad-spectrum antifungal agent intended for topical application. Sulconazole is an azole antifungal of the imidazole subgroup. It is used topically for a variety of fungal and yeast infections.

**Covered Uses:**

**Exelderm 1% external solution:**

1. Treatment of tinea cruris and tinea corporis caused by *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epidermophyton floccosum*, and *Microsporum canis*
2. Treatment of tinea versicolor

**Exelderm 1% external cream:**

1. Treatment of tinea pedis (athlete's foot), tinea cruris, and tinea corporis caused by *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epidermophyton floccosum*, and *Microsporum canis*
2. Treatment of tinea versicolor.

**Exclusion Criteria:**

1. Diagnosis of Tinea pedis (athlete's foot) (Topical solution only)

**Required Medical Information:**

1. Diagnosis
2. Previous therapies tried and failed

**Age Restrictions:** 18 years of age and older

**Prescriber Restrictions:** N/A

**Coverage Duration:** 1 month

**Other Criteria:**

**Exelderm 1% external solution:**

- A. Patient must have a diagnosis of ONE of the following:
  - a. Tinea cruris
  - b. Tinea corporis
  - c. Tinea versicolor; **AND**
- B. Patient has experienced an inadequate treatment response, intolerance, or contraindication to TWO generic formulary alternatives indicated to treat tinea cruris, tinea corporis, and/or tinea versicolor (e.g. clotrimazole, ketoconazole, miconazole, naftifine).

**Exelderm 1% external cream:**

- A. Patient must have a diagnosis of ONE of the following:
  - a. Tinea cruris
  - b. Tinea corporis
  - c. Tinea pedis
  - d. Tinea versicolor; **AND**
- B. Patient has experienced an inadequate treatment response, intolerance, or contraindication to TWO generic formulary alternatives indicated to treat tinea cruris, tinea corporis, and/or tinea versicolor (e.g. clotrimazole, ketoconazole, miconazole, naftifine).

**References:**

1. Exelderm (sulconazole) 1% cream [prescribing information]. Scottsdale, AZ: Journey Medical Corp; February 2019.
2. Exelderm (sulconazole) 1% solution [prescribing information]. Scottsdale, AZ: Journey Medical Corp; February 2019.

**Policy Revision history**

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	10/1/2020