



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIFUNGALS, TOPICAL PA SUMMARY**

Preferred	Non-Preferred
Ciclopirox 8% nail lacquer (solution)* Ciclopirox cream, suspension generic Clotrimazole cream, solution Rx generic Clotrimazole/betamethasone cream generic Econazole cream generic Ketoconazole cream, shampoo generic Miconazole generic Nystatin cream, ointment, powder generic Nystatin/triamcinolone ointment generic	Bensal HP (salicylic acid ointment) Ciclodan Kit (ciclopirox 8% solution) Ciclodan Cream Kit (ciclopirox cream 0.77%, cleanser) CNL8 Nail Kit (ciclopirox 8% solution: 6-month supply and includes three 5mL bottles, 25 SwabPlus nail lacquer remover swabs and 1 emery board) Ciclopirox gel, shampoo generic Clotrimazole/betamethasone lotion generic Ertaczo (sertaconazole) Exelderm (sulconazole) Extina foam (ketoconazole 2%) Jublia (efinaconazole) Kerydin (tavaborole) Ketoconazole 2% foam Loprox Kit (ciclopirox suspension, cleanser) Luzu (luliconazole) Mentax (butenafine) Naftifine cream generic Nystatin/triamcinolone cream generic Oxistat (oxiconazole) Vusion (miconazole/petrolatum/zinc oxide)

*preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTES:

- Ciclopirox nail lacquer is preferred but requires prior authorization (PA).
- Ertaczo, Exelderm, Mentax and Oxistat are non-preferred but do not require PA.

PA CRITERIA:

Bensal HP

- ❖ Approvable for members with a diagnosis of dermatitis who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with 3 topical corticosteroids.

Ciclopirox 8% Generic, CNL8, Ciclodan Kit

- ❖ Approvable for members with mild to moderate onychomycosis or white superficial onychomycosis who have diabetes mellitus, peripheral vascular disease or immunocompromised status and have a positive fungal culture result for *Trichophyton rubrum* or *Trichophyton mentagrophytes*.



- ❖ Approvable for members with moderate to severe onychomycosis who have diabetes mellitus, peripheral vascular disease or immunocompromised status, have a positive fungal culture result for *Trichophyton rubrum* or *Trichophyton mentagrophytes* and have experienced ineffectiveness, allergy, drug-drug interaction, contraindication or intolerable side effect with oral terbinafine.
- ❖ In addition for CNL8 and Ciclodan Kit, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ciclopirox 8% nail lacquer, is not appropriate for the member.

Ciclodan Cream Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ciclopirox cream, is not appropriate for the member.

Ciclopirox Gel Generic

- ❖ Approvable for members with a diagnosis of seborrheic dermatitis who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with generic ketoconazole shampoo.
- ❖ For members with a diagnosis of tinea corporis, tinea cruris, tinea pedis or cutaneous candidiasis, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic ciclopirox cream and suspension, are not appropriate for the member.

Ciclopirox Shampoo Generic

- ❖ Approvable for members with a diagnosis of seborrheic dermatitis who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with generic ketoconazole shampoo.

Clotrimazole/Betamethasone Lotion Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic clotrimazole/betamethasone cream, is not appropriate for the member.

Extina and Ketoconazole Foam Generic

- ❖ For members 12 years of age or older with a diagnosis of seborrheic dermatitis, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic ketoconazole cream and shampoo, are not appropriate for the member.

Jublia and Kerydin

- ❖ Approvable for members with a diagnosis of onychomycosis who have diabetes mellitus, peripheral vascular disease or immunocompromised status, have a positive fungal culture result for *Trichophyton rubrum* or *Trichophyton mentagrophytes* and have experienced ineffectiveness, allergies, drug-drug interactions, contraindications or intolerable side effects with oral terbinafine and ciclopirox 8% solution.

Loprox Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ciclopirox suspension, is not appropriate for the member.



Luzu

- ❖ Approvable for members age 12 or older with a diagnosis of tinea cruris or tinea pedis confirmed by KOH (potassium hydroxide preparation) or cell culture test who have experienced ineffectiveness with at least one OTC or prescription topical antifungal agent.
- ❖ Approvable for members age 2 or older with a diagnosis of tinea corporis confirmed by KOH (potassium hydroxide preparation) or cell culture test who have experienced ineffectiveness with at least one OTC or prescription topical antifungal agent.

Naftifine Generic

- ❖ Approvable for member who have experienced ineffectiveness with at least one OTC or prescription topical antifungal agent.

Nystatin/Triamcinolone Cream Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, nystatin/triamcinolone ointment as well as the separate products generic nystatin cream and generic triamcinolone cream, are not appropriate for the member.

Vusion

- ❖ Approvable for members 4 weeks of age or older with a diagnosis of diaper dermatitis when the presence of a candidal infection has been confirmed by a microscopic evaluation and member has experienced ineffectiveness with at least one OTC or prescription topical antifungal agent.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.