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## 5.90.040

Section:Prescription DrugsSubsection:Topical ProductsSubject:Topical Antifungals and

Antibiotics

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Last Review Date:

September 6, 2024

### **Topical Antifungals and Antibiotics**

Description

Amzeeq 4% foam (minocycline)	Lotrisone* 1%/0.05% lotion (clotrimazole, betamethasone)
Bactroban 2% cream (mupirocin)	Metrocream 0.75% cream Rosadan 0.75% cream (metronidazole)
Bactroban 2% ointment (mupirocin)	Neo-Synalar 0.5%/0.025% cream (neomycin, fluocinolone)
Ciclodan 0.77% cream Loprox 0.77% cream (ciclopirox)	Naftin 1% gel, cream (naftifine)
Ciclodan nail lacquer 8% topical solution Penlac nail lacquer 8% Topical Solution (ciclopirox)	Naftin 2% gel, cream (naftifine)
Cleocin T 1% solution (clindamycin)	Nizoral 2% cream (ketoconazole)
Clindamax 1% gel	Nydamax 0.75% gel
Cleocin T 1% gel	Rosadan 0.75% gel (metronidazole)
Glindagel 1% gel (clindamycin)	
Clindamax 1% lotion	Nystatin 100,000 unit/g cream
Cleocin T 1% lotion (clindamycin)	
Clotrimazole 1% cream	Nystatin 100,000 unit/g ointment
Corticosporin cream (neomycin 3.5mg/1g, polymyxin B 10,000IU/1g, hydrocortisone 0.5%)	Nystatin-Triamcinolone 100,000 unit/g-0.1% cream
Corticosporin ointment (neomycin	Nystatin-Triamcinolone 100,000 unit/g-0.1%
3.5mg/1g, polymyxin B 5,000IU/1g,	ointment
bacitracin 400IU/1g, hydrocortisone 1%)	
Econazole Nitrate 1% cream	Ovace* (sodium sulfacetamide) 10% cream
Emgel 2% gel (erythromycin)	Ovace* 10% and Ovace Plus* 9.8% (sodium sulfacetamide) foam

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Erythromycin 2% solution	Ovace* and Ovace Plus Wash* (sodium
	sulfacetamide) 10% gel/cleansing gel
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Evoclin 1% foam (clindamycin)	Ovace Plus Wash* (sodium sulfacetamide)
	10% liquid
Gentamicin 0.1% cream	Ovace Plus* (sodium sulfacetamide) 9.8%
	lotion
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Gentamicin 0.1% ointment	Ovace Plus* (sodium sulfacetamide) 10%
	shampoo
Ketoconazole 2% shampoo	Plexion NS (sodium sulfacetamide) 9.8%
	shampoo
Ketodan 2% foam	Vusion topical ointment (miconazole 0.25%-
Extina* 2% foam (ketoconazole)	zinc oxide 15%-white petrolatum 81.35%)
Loprox 0.77% gel (ciclopirox)	Xolegel* 2% gel (ketoconazole)
Loprox 0.77% suspension (ciclopirox)	Zilxi 1.5% foam (minocycline)
Lotrisone* 1%/0.05% cream (clotrimazole,	
betamethasone)	
botamotinacono,	

### Topical Antifungals and Antibiotics that do not have separate criteria

\* Prior authorization for the brand formulation applies only to formulary exceptions due to being a noncovered medication.

#### Background

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. Pharmacy topical products have the potential for misuse. Misuse of these topical products is quite common and it is important to inform patients about the possible complications due to overuse of these drugs. The criteria was created in order to limit existing patients that have been taking doses above the FDA recommended limits and get them down to appropriate levels. This criteria is also intended to help prevent use of topical antifungals and antibiotics in topical foot baths.

#### **Regulatory Status**

Antifungal agents kill fungi or inhibit their growth. Antifungals that kill fungi are called fungicidal while those that inhibit their growth are called fungistatic. Topical antifungals are used for simple, localized fungal infections in patients with normal immune function.

Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

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Antibiotics, or antimicrobials, are medications that destroy or slow down the growth of bacteria. Bactericidal antibiotics kill the bacteria, while bacteriostatic antibiotics stop the bacteria from multiplying. Topical antibiotics are used for localized bacterial infections.

#### **Related policies**

#### Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

The topical products included in this policy may be considered **medically necessary** if the conditions indicated below are met.

The topical products included in this policy may be considered **investigational** for all other indications.

### **Prior-Approval Requirements**

#### Diagnosis

Patient must have ALL of the following:

- 1. FDA-approved indication supporting the use of topical product
- 2. Requested drug is **NOT** being used in a footbath

### Prior – Approval Renewal Requirements

Same as above

#### **Policy Guidelines**

### Pre - PA Allowance

Quantity

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Sodium sulfacetamide cleansing gel	355 units per 90 days
Sodium sulfacetamide shampoo	237 units per 90 days
Plexion NS shampoo	
Zilxi 1.5% foam	90 units per 90 days
Ketoconazole 2% shampoo	360 units per 90 days
All other products included in this policy	180 units per 90 days

### **Prior - Approval Limits**

Quantity

Drug	Quantity
Sodium sulfacetamide cleansing gel	355 units per 90 days
Sodium sulfacetamide shampoo	237 units per 90 days
Plexion NS shampoo	
Zilxi 1.5% foam	90 units per 90 days
Ketoconazole 2% shampoo	360 units per 90 days
All other products included in this policy	180 units per 90 days*
*Prior Authorization for more than one product at an individual quantity of 180 units per 90 days is allowed if being used to treat different indications.	

Drug with Approved Formulary Exception Only	Quantity
Extina 2% foam	180 units per 90 days
Lotrisone 1%/0.05% cream, lotion	180 units per 90 days
Ovace cream, foam, gel, liquid, lotion	180 units per 90 days
Ovace cleansing gel	355 units per 90 days
Ovace shampoo	237 units per 90 days
Xolegel 2% gel	180 units per 90 days

**Duration** 6 months

Prior–Approval Renewal Limits

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Same as above

#### Rationale

#### Summary

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. Pharmacy topical products have the potential for misuse. Misuse of these topical products is quite common and it is important to inform patients about the possible complications due to overuse of these drugs. The criteria was created in order to limit existing patients that have been taking doses above the FDA recommended limits down to appropriate levels.

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of
the topical products included in this policy while maintaining optimal therapeutic outcomes.

Policy History	
Date	Action
December 2019	Addition to PA
March 2020 April 2020	Addition of Econazole Nitrate 1% cream to policy Addition of Vusion
June 2020 August 2020	Annual review. Addition of Amzeeq, Evoclin, and Zilxi to policy per FEP Addition of Gentamicin 0.1% ointment
September 2020	Annual review
December 2020	Annual review. Addition of Ovace / Ovace Plus / Ovace Plus Wash. Changed Pre-PA for Zilxi from 180/90 to 90/90 per SME
January 2021	Removed Bactroban 2% nasal ointment from policy due to being discontinued. Extina requires formulary exception + PA
March 2021 April 2021	Annual review. Addition of Aczone (dapsone) 5% and 7.5% gel to policy Increased the Quantity Limit of Ketoconazole 2% shampoo to 360 units per 90 days. Added statement indicating that PA is allowed for multiple products if being used to treat different indications. Changed criteria to allow for renewals and changed approval duration to 6 months for both initiation and renewal
June 2021	Annual review
September 2021 November 2021	Annual review. Aczone removed from policy to its own criteria per MQA Addition of Plexion NS 9.8% shampoo to policy
December 2021	Annual review. Lotrisone (brand name only) requires formulary exception + PA
September 2022	Annual review

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September 2023 Annual review September 2024 Annual review Keywords			

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.