

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Non-Preferred Topical Agents for External Anogenital Warts Step Therapy

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Comments
imiquimod 5 % cream	Preferred
podofilox 0.5% solution	
Condylox 0.5% gel	Non-Preferred
Veregen 15% ointment	
brand Condylox 0.5% solution	

### APPROVAL CRITERIA

Requests for a non-preferred topical agent for external anogenital warts may be approved if the following criteria is met:

- I. Individual has had a trial and inadequate response or intolerance to generic imiquimod 5 % cream OR generic podofilox 0.5% solution.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.