

## STEP THERAPY POLICY

- POLICY:** Topical Podofilox Products Step Therapy Policy
- Condylox® Gel (podofilox 0.5% gel – Allergan, generic)
  - Podofilox 0.5% solution – generic only

**REVIEW DATE:** 01/17/2024

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### OVERVIEW

Podofilox gel (Condylox, generic) and podofilox solution are topical medications indicated for the topical treatment of **external genital warts**.<sup>1,2</sup> Podofilox gel is also indicated for **perianal warts**.<sup>1</sup>

Podofilox gel and podofilox solution are not indicated in the treatment of mucous membrane warts.<sup>1,2</sup> Although genital and perianal warts have a characteristic appearance, histopathologic confirmation should be obtained if there is any doubt of the diagnosis. Differentiating warts from squamous cell carcinoma (Bowenoid papulosis) is of particular concern. Squamous cell carcinoma may also be associated with human papillomavirus but should not be treated with these products.

For both products, the safety and effectiveness in pediatric patients have not been established.<sup>1,2</sup>

### POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

**Automation:** A patient with a of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

**Step 1:** podofilox 0.5% topical solution

**Step 2:** podofilox 0.5% topical gel (Condylox, generic)

### CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
2. If the patient has perianal warts, approve podofilox 0.5% gel (Condylox, generic).
3. No other exceptions are recommended.

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**REFERENCES**

1. Condylox® Gel [prescribing information]. Madison, NJ: Allergan; May 2018.
2. Podofilox topical solution [prescribing information]. Parsippany, NJ: Actavis; October 2022.