

## podofilox gel (CONDYLOX)

### Diagnosis Considered for Coverage:

- Genital and perianal warts (condylomata acuminata) due to human papillomavirus (HPV) infection

### Commercial Coverage Criteria:

#### 1. For diagnosis of genital or perianal warts, approve if:

- Dose does not exceed FDA label maximum, **and**
- Inadequate response, intolerance, or contraindication to imiquimod 5% (Aldara) cream packet, **and**
- Intolerance to podofilox 0.5% solution not expected with Condylox 0.5% gel.

### Coverage Duration: one time only

Effective Date: 8/2/2023