Exelderm

Description
Exelderm (sulconazole nitrate)

Background
Exelderm is used to treat skin infections such as jock itch (tinea cruris) and ringworm (tinea corporis). This medication is also used to treat a skin condition known as tinea (pityriasis versicolor), a fungal infection that causes a lightening or darkening of the skin of the neck, chest, arms, or legs. Sulconazole is an azole antifungal that works by preventing the growth of fungus (1).

Regulatory Status
FDA-approved indications: Exelderm is an azole antifungal indicated for the treatment of tinea cruris, and tinea corporis caused by Trichophyton rubrum, Trichophyton mentagrophytes, Epidermophyton floccosum, and Microsporum canis, and for the treatment of tinea versicolor. Effectiveness has not been proven in tinea pedis (athlete’s foot) (1).

Safety and effectiveness of Exelderm in pediatric patients has not been established (1).

Related policies
Ecoza, Ertaczo, Jublia, Kerydin, Luzu, Oxistat

Policy
This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.
Exelderm may be considered *medically necessary* in patients 18 years of age or older with tinea cruris, tinea corporis and tinea versicolor and when the conditions indicated below are met.

Exelderm is considered *investigational* in patients less than 18 years of age and for all other indications.

**Prior-Approval Requirements**

**Age**

18 years of age or older

**Diagnoses**

Patient must have **ONE** of the following:

1. Tinea Cruris
2. Tinea Corporis

**AND** the following:

a. Laboratory and clinical documentation of **ONE** of the following fungal species
   i. *Trichophyton rubrum*
   ii. *Trichophyton mentagrophytes*
   iii. *Epidermophyton floccosum*
   iv. *Microsporum canis*

**OR**

3. Tinea Versicolor

**AND** the following:

Inadequate treatment response, intolerance, or contraindication to a legend topical or oral antifungal medication

**Prior – Approval Renewal Requirements**

**Age**

18 years of age or older

**Diagnoses**

Patient must have **ONE** of the following:
1. Tinea Cruris
2. Tinea Corporis

**AND** the following:

a. Laboratory and clinical documentation of ONE of the following fungal species
   i. *Trichophyton rubrum*
   ii. *Trichophyton mentagrophytes*
   iii. *Epidermophyton floccosum*
   iv. *Microsporum canis*

**OR**

3. Tinea Versicolor

**AND** the following:

   NOT used in a previously treated location within last 12 months

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**Policy Guidelines**

**Pre - PA Allowance**

None

**Prior - Approval Limits**

Duration 1 month

**Prior – Approval Renewal Limits**

Duration 1 month

**Rationale**

**Summary**

Exelderm is an antifungal cream used topically to treat skin infections such as jock itch (tinea cruris) and ringworm (tinea corporis). This medication is also used to treat a skin condition known as pityriasis (tinea versicolor). Safety and effectiveness of Exelderm in pediatric patients has not been established (1).

Prior approval is required to ensure the safe, clinically appropriate and cost effective use of Exelderm while maintaining optimal therapeutic outcomes.
References

Policy History

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<tr>
<td>June 2015</td>
<td>Addition to PA</td>
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<td>December 2016</td>
<td>Annual editorial review and reference update</td>
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<td>Addition of age to renewal section</td>
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<td>September 2017</td>
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<td>Removal of the diagnosis of tinea pedis (athlete’s foot) from initiation and renewal criteria per package insert.</td>
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Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 13, 2019 and is effective on October 1, 2019.