

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Podofilox (Condylox[®]) gel

Non-formulary **podofilox (Condylox[®])** gel will be covered on the prescription drug benefit when the following criteria are met:

- Indication of external condylomata acuminata (venereal or genital or perianal warts)

- AND -

- Adverse reaction and/or inadequate response to podofilox 0.5% solution