

PROCEDURE

Initial Authorization Criteria:

- Must have a diagnosis of one of the following:
 - Interdigital tinea pedis (athlete's foot)
 - Tinea cruris (jock itch)
 - Tinea corporis (ringworm) due to *Trichophyton rubrum*, *Trichophyton mentagrophytes*, or *Epidermophyton floccosum*
 - Tinea (pityriasis) versicolor due to *Malassezia furfur*
- Must have an adequate trial of one generic topical antifungal, such as clotrimazole, econazole, or ketoconazole
- If the above criteria are met, the requested product is approved for 1 month

Reauthorization Criteria:

All prior authorization renewals are reviewed on a case-by-case basis to determine the Medical Necessity for continuation of treatment. Authorizations may be extended on a case-by-case basis based upon the above criteria AND clinical rationale from the prescriber for continuation of treatment for the same occurrence or documentation that therapy is required for a separate occurrence.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 month
Reauthorization	Same as initial
Quantity Level Limit	
Oxiconazole nitrate 1% cream	90 grams per 30 days

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Oxiconazole cream [prescribing information]. Temple Hills, MD: Welgo; 2016.

Oxiconazole nitrate cream
POLICY NUMBER: *RX.PA.473*
REVISION DATE: *N/A*
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RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Created policy</i>	<i>12/18</i>