

Commercial/Healthcare Exchange PA Criteria

Effective: June 2014

Prior Authorization: Ecoza Luzu

Products Affected: Ecoza 1% foam, Luzu 1% cream

Medication Description: Ecoza and Luzu are azole antifungals.

Covered Uses:

Ecoza: treatment of interdigital tinea pedis caused by *Trichophyton rubrum*, *Trichophyton mentagrophytes*, and *Epidermophyton floccosum*.

Luzu: treatment of interdigital tinea pedis, tinea cruris, and tinea corporis caused by the organisms *Trichophyton rubrum* and *Epidermophyton floccosum*

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. History of medications tried/failed

Age Restrictions:

Ecoza: 12 years of age and older

Luzu: 12 years of age and older

Prescriber Restrictions: N/A

Coverage Duration:

Ecoza: 4 weeks

Luzu: 2 weeks

Other Criteria:

- A. Patient must have a diagnosis of tinea pedis, tinea cruris, or tinea corporis; AND
- B. Patient must have a documented intolerance, contraindication, or treatment failure with, an adequate trial of at least TWO of the following: clotrimazole, econazole, ketoconazole, terbinafine.

References:

1. LUZU topical cream, luliconazole 1% topical cream. Medicis (per FDA), Bridgewater, NJ, 2013
2. ECOZA topical foam, econazole nitrate 1% topical foam. Quinnova Pharmaceuticals (per FDA), Jamison, PA, 2013.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/2014
2	Update	Moved to updated template	All	2/7/2020

