



Commercial/Healthcare Exchange PA Criteria
Effective: January 1, 2021

Prior Authorization: Oxiconazole nitrate cream

Products Affected: Oxiconazole nitrate 1% cream

Medication Description: Oxiconazole nitrate is an imidazole derivative antifungal agent. It inhibits ergosterol synthesis, a critical component for cellular membrane integrity.

Covered Uses:

1. Topical treatment of the following dermal infections: tinea pedis, tinea cruris, and tinea corporis due to Trichophyton rubrum, Trichophyton mentagrophytes, or Epidermophyton floccosum.
2. Topical treatment of tinea (pityriasis) versicolor due to Malassezia furfur.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: 12 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

- A. Patient has a diagnosis of one of the following dermal infections: tinea pedis, tinea cruris, and tinea corporis due to Trichophyton rubrum, Trichophyton mentagrophytes, or Epidermophyton floccosum or tinea (pityriasis) versicolor due to Malassezia furfur; **AND**
- B. Patient has a documented intolerance to, contraindication, or treatment failure to TWO of the following clotrimazole 1% cream, econazole nitrate 1% cream, ciclopirox olamine 0.77% cream, or ketoconazole 2% cream

References:

1. Oxistat (oxiconazole nitrate) [prescribing information]. Melville, NY: PharmaDerm; January 2012.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
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Last Rev. January 2021

1	New Policy	New Policy	All	1/1/2021
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