

# QUANTITY LIMIT PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**OXISTAT**  
(oxiconazole)

**Status: CVS Caremark Criteria**

**Type: Quantity Limit; Post Limit Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

Oxistat cream and lotion are indicated for the topical treatment of the following dermal infections: tinea pedis, tinea cruris, and tinea corporis due to Trichophyton rubrum, Trichophyton mentagrophytes, or Epidermophyton floccosum.

Oxistat cream is indicated for the topical treatment of tinea (pityriasis) versicolor due to Malassezia furfur.

Oxistat cream may be used in pediatric patients for tinea corporis, tinea cruris, tinea pedis, and tinea (pityriasis) versicolor; however, these indications for which Oxistat Cream has been shown to be effective rarely occur in children below the age of 12.

### INITIAL QUANTITY LIMIT\*

#### LIMIT CRITERIA

**Limits should accumulate across all drugs and strengths up to highest quantity listed depending on the order the claims are processed. Accumulation does not apply if limit is coded for daily dose.**

<b>Medication</b>	<b>1 Month Limit*</b>	<b>3 Month Limit*</b>
Oxistat Cream (oxiconazole cream)	60 gm / 25 days	Does not apply
Oxistat Lotion (oxiconazole lotion)	60 mL / 25 days	Does not apply

\* The duration of 25 days is used for a 30-day fill period to allow time for refill processing.

\* These drugs are for short-term acute use; therefore, the mail limit will be the same as the retail limit. The intent is for prescriptions of the requested drug to be filled one month at a time; there should be no 3 month supplies filled.

If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of any of the following: A) tinea pedis, B) tinea cruris, C) tinea corporis, D) tinea (pityriasis) versicolor.

**AND**

- The requested drug is not being used in a footbath

Current plan approved criteria cover up to 120 grams or milliliters per month of oxiconazole (Oxistat) cream or lotion.

## **REFERENCES**

1. Oxistat [package insert]. Melville, NY: Fougera Pharmaceuticals Inc., LLC; January 2012.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed July 2021.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed July 2021.
4. Eichenfield L, Tom W, Berger T, et al. Guidelines of Care for the Management of Atopic Dermatitis Section 2. Management and Treatment of Atopic Dermatitis with Topical Therapies. *J Am Acad Dermatol* 2014; 71:116-32.
5. Elmets C, Korman N, Prater E, et al. Joint AAD–NPF Guidelines of Care for the Management and Treatment of Psoriasis with Topical Therapy and Alternative Medicine Modalities for Psoriasis Severity Measures. *J Am Acad Dermatol* 2021; 84:432-70.
6. Burn Triage and Treatment - Thermal Injuries. Available at: <https://chemm.nlm.nih.gov/burns.htm>. . Accessed July 2021.