oxiconazole (Oxistat 1%)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Dermatophyte (tinea) infections are often superficial fungal infections, typically caused by *Trichophyton*, *Epidermophyton* or *Microsporum*. Symptoms of skin fungal infection are dependent upon the type of infection (i.e., Tinea Pedis, tinea corporis, tinea cruris, or tinea pityriasis), but can include itching, skin flaking, redness, and soreness. Management typically includes topical antifungal therapies (e.g. clotrimazole, econazole, efinaconazole, ketoconazole, miconazole, oxiconazole, naftifine, terbinafine, butenafine, ciclopirox, tavaborole, or tolnaftate) and rarely require oral therapy except in the cases of severe, refractory or extensive infections.

Oxiconazole (Oxistat 1%) is a topical antifungal agent approved by the FDA for managing superficial fungal infections of the skin caused by a variety of dermatophytes and yeast. This drug can be administered to both pediatrics and adults and is available in two commercial formulations: cream and lotion. The most frequently observed side effects include itching and irritation at the site of application, which may manifest as pain, burning, or stinging.

Definitions

"Tinea" refers to a group of contagious fungal infections caused by dermatophytes, a type of fungus. These infections can manifest on various body parts and are usually named for the body area affected.

"Tinea corporis" describes a fungal infection on body surfaces not including the feet, groin, face, scalp hair, or beard hair. It's commonly known as "ringworm" due to its characteristic ring-shaped rash.

"Tinea cruris" refers to a fungal infection in the groin region, proximal inner thighs, or buttocks. It's often referred to as "jock itch."

"Tinea pedis" pertains to a fungal infection of the feet, commonly known as "athlete's foot."

"Tinea versicolor" is a non-contagious skin condition caused by an overgrowth of certain types of yeast present on skin. This results in discoloration, with patches of skin appearing lighter or darker than the surrounding skin. These patches are most common on the trunk and shoulders.

Medical Necessity Criteria for Authorization

The Plan considers oxiconazole (Oxistat 1%) medically necessary when BOTH of the following criteria are met:

1. The member has ONE (1) of the following as a documented diagnosis:
    a. Tinea corporis (ringworm)*; or*
    b. Tinea cruris (jock itch)*; or*
    c. Tinea pedis (athlete's foot)*; or*
    d. Tinea (pityriasis) versicolor*; AND*
2. The member is unable to use or has tried and failed TWO (2) of the following:
    a. butenafine cream over-the-counter (OTC)*; or*
    b. ciclopirox cream, gel, or suspension*; or*
    c. clotrimazole cream or solution OTC*; or*
    d. econazole cream*; or*
    e. ketoconazole cream or shampoo*; or*
    f. luliconazole cream*; or*
    g. miconazole cream OTC*; or*
    h. naftifine cream*; or*
    i. terbinafine cream OTC*; or*
    j. tolnaftate cream OTC.

If the above prior authorization criteria are met, Oxiconazole (Oxistat 1%) will be approved for up to 6 months.

Experimental or Investigational / Not Medically Necessary

Oxiconazole (Oxistat 1%) for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

References

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Clinical Guideline Revision / History Information

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