

5.90.12

Section:	Prescription Drugs	Effective Date:	April 1, 2021
Subsection:	Topical Products	Original Policy Date:	May 29, 2015
Subject:	Ecoza	Page:	1 of 4

Last Review Date: March 12, 2021

Ecoza

Description

Ecoza (econazole)

Background

Ecoza topical foam is a prescription medicine used on the skin to treat athlete's foot that is between the toes (interdigital tinea pedis) caused by the organisms *Trichophyton rubrum*, *Trichophyton mentagrophytes* and *Epidermophyton floccosum* in patients 12 years of age and older (1).

Regulatory Status

FDA-approved indications: Ecoza is indicated for the treatment of interdigital tinea pedis caused by *Trichophyton rubrum*, *Trichophyton mentagrophytes*, and *Epidermophyton floccosum* in patients 12 years of age and older (1).

Safety and effectiveness of Ecoza in pediatric patients under 12 years of age has not been established (1).

Related policies

Ertaczo, Exelderm, Jublia, Kerydin, Luzu, Oxistat

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Ecoza may be considered **medically necessary** in patients 12 years of age or older with interdigital tinea pedis with laboratory and clinical documentation of one of the infections:

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Trichophyton rubrum, *Trichophyton mentagrophytes* and *Epidermophyton floccosum* and if the conditions indicated below are met.

Ecoza is considered **investigational** in patients less than 12 years of age and for all other indications.

Prior-Approval Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

1. Interdigital Tinea Pedis

AND ALL of the following:

1. Laboratory and clinical documentation of **ONE** of the infections:
 - a. *Trichophyton rubrum*
 - b. *Trichophyton mentagrophytes*
 - c. *Epidermophyton floccosum*
2. Inadequate treatment response, intolerance, or contraindication to a topical or oral antifungal legend medication

Prior – Approval *Renewal* Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

1. Interdigital Tinea Pedis

AND ALL of the following:

1. Laboratory and clinical documentation of **ONE** of the infections:
 - a. *Trichophyton rubrum*
 - b. *Trichophyton mentagrophytes*
 - c. *Epidermophyton floccosum*
2. **NOT** used in a previously treated location within last 12 months

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Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 1 month

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Ecoza is antifungal cream used topically to treat interdigital tinea pedis caused by the organisms *Trichophyton rubrum*, *Trichophyton mentagrophytes* and *Epidermophyton floccosum*. Safety and effectiveness of Ecoza in pediatric patients under the age of 12 has not been established (1).

Prior approval is required to ensure the safe, clinically appropriate and cost-effective use of Ecoza while maintaining optimal therapeutic outcomes.

References

1. Ecoza [package Insert]. Mahwah, NJ: Glenmark Therapeutics Inc.; March 2019.

Policy History

<i>Date</i>	<i>Action</i>
June 2015	Addition to PA
December 2016	Annual editorial review and reference update Addition of age to the renewal section Policy number change from 5.14.12 to 5.90.12
September 2017	Annual review
September 2018	Annual review
September 2019	Annual review
September 2020	Annual review
March 2021	Annual review and reference update

Keywords

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This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.