Oxistat (oxiconazole)

**Background**
Oxistat is used to treat skin infections such as athlete's foot (tinea pedis), jock itch (tinea cruris) and ringworm (tinea corporis). This medication is also used to treat a skin condition known as tinea (pityriasis) versicolor, a fungal infection that causes a lightening or darkening of the skin of the neck, chest, arms, or legs. Oxiconazole is an azole antifungal that works by preventing the growth of fungus (1).

**Regulatory Status**
FDA-approved indications: Oxistat is an azole antifungal indicated for the topical treatment of the following dermal infections: tinea pedis, tinea cruris, and tinea corporis caused by the organisms *Trichophyton rubrum, Trichophyton mentagrophytes and Epidermophyton floccosum*. Oxistat is also indicated for the topical treatment of tinea (pityriasis) versicolor due to *Malassezia furfur* (1).

Safety and effectiveness of Oxistat in pediatric patients have been established (1).

**Related policies**
Ecoza, Ertaczo, Exelderm, Jublia, Kerydin, Luzu
# Policy

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

Oxistat may be considered **medically necessary** in patients with interdigital tinea pedis, tinea cruris, tinea corporis and tinea versicolor with laboratory and clinical documentation of one of the infections: *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epidermophyton floccosum* and *Malassezia furfur* and if the conditions indicated below are met.

Oxistat is considered **investigational** for all other indications.

## Prior-Approval Requirements

### Diagnoses

Patient must have **ONE** of the following:

1. Tinea Pedis
2. Tinea Cruris
3. Tinea Corporis
4. Tinea Versicolor

AND **ALL** of the following:

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

## Prior – Approval Renewal Requirements

### Diagnoses

Patient must have **ONE** of the following:

1. Tinea Pedis
2. Tinea Cruris
3. Tinea Corporis
4. Tinea Versicolor

AND ALL of the following:

1. Laboratory and clinical documentation of ONE of the infections:
   a. *Trichophyton rubrum*
   b. *Trichophyton mentagrophytes*
   c. *Epidermophyton floccosum*
   d. *Malassezia furfur*

2. **NOT** used in a previously treated location within last 12 months

**Policy Guidelines**

**Pre - PA Allowance**

None

**Prior - Approval Limits**

**Quantity** 60 units

**Duration** 1 month

**Prior – Approval Renewal Limits**

Same as above

**Rationale**

**Summary**

Oxistat is used to treat skin infections such as athlete's foot (tinea pedis), jock itch (tinea cruris) and ringworm (tinea corporis). This medication is also used to treat a skin condition known as tinea (pityriasis) versicolor. Safety and effectiveness of Oxistat in pediatric patients has been established (1).

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

**References**

**Section:** Prescription Drugs  
**Effective Date:** January 1, 2020

**Subsection:** Topical Products  
**Original Policy Date:** June 5, 2015

**Subject:** Oxistat  
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### Policy History

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<td>December 2016</td>
<td>Annual editorial review and reference update</td>
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### Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 6, 2019 and is effective on January 1, 2020.