

5.90.013

Section:	Prescription Drugs	Effective Date:	October 1, 2023
Subsection:	Topical Products	Original Policy Date:	June 5, 2015
Subject:	Oxistat	Page:	1 of 4

Last Review Date: September 8, 2023

Oxistat

Description

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

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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** if the conditions indicated below are met.

Oxistat may be 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. Suspected infection of **ONE** of the following fungal species
 - a. *Trichophyton rubrum*
 - b. *Trichophyton mentagrophytes*
 - c. *Epidermophyton floccosum*
 - d. *Malassezia furfur*
2. Inadequate treatment response, intolerance, or contraindication to a legend topical or oral antifungal medication (i.e. fluconazole, terbinafine, ketoconazole, ect.)

Prior – Approval *Renewal* Requirements

Diagnoses

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

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

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AND ALL of the following:

1. Suspected infection of **ONE** of the following fungal species
 - 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

1. Oxistat [package Insert]. Melville, NY: Fougera Pharmaceuticals Inc.; February 2019.

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Policy History

Date	Action
June 2015	Addition to PA
December 2016	Annual editorial review and reference update Policy number change from 5.14.13 to 5.90.13
September 2017	Annual review and reference update
September 2018	Annual review and reference update
September 2019	Annual review and reference update
December 2019	Annual review. Addition of quantity limit of 60 units
September 2020	Annual review
September 2021	Annual review
September 2022	Annual review
September 2023	Annual review. Per SME, changed laboratory documentation to “suspected infection”, added examples of legend drugs

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 8, 2023 and is effective on October 1, 2023.