

**ECOZA
(econazole)****Pre - PA Allowance**None

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. Suspected infection of **ONE** of the following fungal species
 - a. *Trichophyton rubrum*
 - b. *Trichophyton mentagrophytes*
 - c. *Epidermophyton floccosum*
2. Inadequate treatment response, intolerance, or contraindication to a topical or oral antifungal legend medication (e.g., fluconazole, terbinafine, ketoconazole, etc.)

Prior - Approval Limits**Duration** 1 month

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. Suspected infection of **ONE** of the following fungal species
 - a. *Trichophyton rubrum*
 - b. *Trichophyton mentagrophytes*
 - c. *Epidermophyton floccosum*

Prior - Approval *Renewal* Limits

Same as above