



Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

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

1. Tinea Cruris
 - a. Suspected infection of **ONE** of the following fungal species:
 - i. *Trichophyton rubrum*
 - ii. *Trichophyton mentagrophytes*
 - iii. *Epidermophyton floccosum*
 - iv. *Microsporum canis*
2. Tinea Corporis
 - a. Suspected infection of **ONE** of the following fungal species:
 - i. *Trichophyton rubrum*
 - ii. *Trichophyton mentagrophytes*
 - iii. *Epidermophyton floccosum*
 - iv. *Microsporum canis*
3. Tinea Pedis
 - a. Suspected infection of **ONE** of the following fungal species:
 - i. *Trichophyton rubrum*
 - ii. *Trichophyton mentagrophytes*
 - iii. *Epidermophyton floccosum*
 - iv. *Microsporum canis*
4. Tinea Versicolor

AND the following for **ALL** indications:

- a. Inadequate treatment response, intolerance, or contraindication to a legend topical or oral antifungal medication (e.g., fluconazole, terbinafine, ketoconazole, etc.)

Prior - Approval Limits

Duration 1 month



Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

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

1. Tinea Cruris
 - a. Suspected infection of **ONE** of the following fungal species:
 - i. *Trichophyton rubrum*
 - ii. *Trichophyton mentagrophytes*
 - iii. *Epidermophyton floccosum*
 - iv. *Microsporum canis*
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 - a. Suspected infection of **ONE** of the following fungal species:
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3. Tinea Pedis
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 - i. *Trichophyton rubrum*
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 - iii. *Epidermophyton floccosum*
 - iv. *Microsporum canis*
4. Tinea Versicolor

Prior - Approval *Renewal* Limits

Same as above