BlueCross BlueShield Federal Employee Program

OXISTAT
(oxiconazole)

Pre - PA Allowance

None

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 Limits

Quantity 60 units
Duration 1 month

Prior – Approval *Renewal* Requirements

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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*

Prior - Approval *Renewal* Limits

Same as above