

Antifungal Topical Agents
Ecoza (econazole), Ertaczo (sertaconazole),
Exelderm (sulconazole nitrate), Extina (ketoconazole),
Loprox (ciclopirox), Lotrisone (clotrimazole/betamethasone),
Luzu (luliconazole), Mentax (butenafine), Naftin (naftifine),
Oxistat (oxiconazole), Vusion (miconazole/zinc oxide/white petrolatum)
Xolegel (ketoconazole)
Effective 01/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled for at least a 7 day supply of a generic topical antifungal agent within the past 120 days.

Coverage Guidelines

FIRST-LINE	SECOND-LINE
Generic topical antifungal agent	Ecoza (econazole) Ertaczo (sertaconazole) Exelderm (sulconazole nitrate) Extina (ketoconazole) Loprox (ciclopirox) Lotrisone (clotrimazole/betamethasone) Luzu (luliconazole) Mentax (butenafine) Naftin (naftifine)

	Oxistat (oxiconazole) Vusion (miconazole/zinc oxide/white petrolatum) Xolegel (ketoconazole)
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Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted when the following criteria is met:

1. The requested drug will not be used in a footbath.
2. The member experienced an inadequate treatment response to a generic topical antifungal agent, intolerance to a generic topical antifungal agent, or has a contraindication that would prohibit a trial of a generic topical antifungal agent.

Limitations

1. Initial approvals will be granted for 3 months.
2. If the member has filled a prescription for at least a 7 day supply of a generic topical antifungal agent within the past 120 days under a prescription benefit, then the requested drug will be paid under that prescription benefit. If the member does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

References

1. Ecoza [package insert]. Mahwah, NJ: Glenmark Therapeutics Inc., USA; October 2020.
2. Ertaczo [package insert]. San Antonio, TX: DPT Laboratories, Ltd., December 2029.
3. Exelderm Cream [package insert]. Cranbury, NJ: Sun Pharmaceuticals Industries, Inc.; February 2019.
4. Exelderm Solution [package insert]. Cranbury, NJ: Sun Pharmaceuticals Industries, Inc.; February 2019.
5. Extina [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc.; August 2018.
6. Loprox Cream [package insert]. Fairfield, NJ: Medimetriks Pharmaceuticals; January 2016.
7. Loprox Shampoo [package insert]. Bridgewater, NJ: Bausch Health US, LLC; May 2019.
8. Loprox Suspension (Lotion) [package insert]. Fairfield, NJ: Medimetriks Pharmaceuticals; March 2016.
9. Lotrisone [package insert]. Whitehouse Station, NJ: Merck & Co., Inc. June 2019.
10. Luzu cream [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; April 2020.
11. Mentax [package insert]. Morgantown, WV: Mylan Pharmaceutical Inc.; June 2018.
12. Naftin Cream 2% [package insert]. Roswell, GA: Sebela Pharmaceuticals, Inc.; April 2018.
13. Naftin Gel 1% [package insert]. Greensboro, NC: Merz Pharmaceuticals; May 2018.
14. Naftin Gel 2% [package insert]. Roswell, GA: Sebela Pharmaceuticals, Inc.; April 2020.
15. Oxistat 1% cream/lotion [package insert]. Melville, NY: Fougera Pharmaceuticals Inc., LLC; January 2012.
16. Vusion [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc.; August 2018.
17. Xolegel [package insert]. Exton, PA: Aqua Pharmaceuticals.; December 2019.
18. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed July 2021.



19. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed July 2021.
20. Rotta I, Ziegelmann PK, Otuki MF, Riveros BS, Bernardo NL, Correr CJ. Efficacy of topical antifungals in the treatment of dermatophytosis: a mixed-treatment meta-analysis involving 14 treatments. *JAMA Dermatol.* 2013;149(3):341-9.

Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024

