

## ECOZA (econazole)

<b>Diagnosis Considered for Coverage:</b>
<ul style="list-style-type: none"><li>Tinea infections</li></ul>
<b>Coverage Criteria:</b>
<b>For diagnosis listed above:</b> <ul style="list-style-type: none"><li>Inadequate response or intolerable side effect with TWO prescription-strength topical antifungals, one of which is econazole cream , <b>and</b></li><li>Dose does not exceed once a day application for 4 weeks.</li></ul>
<b>Coverage Duration:</b> one year






Effective Date: 1/31/2024