blue of california

Topical Antifungal Agents

Applies To:
ERTACZO (sertaconazole),
luliconazole (LUZU)
LUZU (luliconazole),
naftifine 1% and 2% cream (NAFTIN),
naftifine 1% gel (NAFTIN),
NAFTIN 1% and 2% gel (naftifine),
OXISTAT (oxiconazole)

Diagnoses Considered for Coverage:

- Tinea pedis *(for Ertaczo, Luzu, Naftin, Oxistat)*
- Tinea cruris *(for Luzu, Naftin, Oxistat)*
- Tinea corporis *(for Luzu, Naftin, Oxistat)*
- Tinea versicolor *(for Oxistat)*

Coverage Criteria:

1. **For diagnosis listed above:**
   - Inadequate response or intolerable side effect to with ONE prescription strength topical antifungal agent.

Coverage Duration: One time

Effective Date: 1/31/2024