Luzu

Description

Luzu (luliconazole)

Background
Luzu cream is a prescription medicine used topically to treat athlete’s foot that is between the toes (interdigital tinea pedis), jock itch (tinea cruris), and ringworm (tinea corporis), caused by the organisms Trichophyton rubrum and Epidermophyton floccosum (1).

Regulatory Status
FDA-approved indications: Luzu is an azole antifungal indicated for the topical treatment of interdigital tinea pedis, tinea cruris, and tinea corporis caused by the organisms Trichophyton rubrum and Epidermophyton floccosum (1).

Safety and effectiveness of Luzu in pediatric patients have been established (1).

Related policies
Ecoza, Ertaczo, Exelderm, Jublia, Kerydin, Oxistat

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Luzu may be considered medically necessary in patients with interdigital tinea pedis, tinea cruris, or tinea corporis and if the conditions indicated below are met.
Luzu is considered **investigational** for all other indications.

**Prior-Approval Requirements**

**Diagnoses**

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

1. Interdigital Tinea Pedis
2. Tinea Cruris
3. Tinea Corporis

**AND ALL** of the following:

1. Laboratory and clinical documentation of **ONE** of the infections:
   a. *Trichophyton rubrum*
   b. *Epidermophyton floccosum*

2. Inadequate treatment response, intolerance, or contraindication to a legend topical antifungal therapy

**Prior – Approval Renewal Requirements**

**Diagnoses**

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

1. Interdigital Tinea Pedis
2. Tinea Cruris
3. Tinea Corporis

**AND ALL** of the following:

1. Laboratory and clinical documentation of **ONE** of the infections:
   a. *Trichophyton rubrum*
   b. *Epidermophyton floccosum*

2. **NOT** used in a previously treated location within the last 12 months

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**Policy Guidelines**

**Pre - PA Allowance**

None
Prior - Approval Limits

Quantity 60 units
Duration 1 month

Prior – Approval Renewal Limits

Same as above

Rationale

Summary
Luzu is an antifungal cream used topically to treat interdigital tinea pedis, tinea cruris, and tinea corporis caused by the organisms *Trichophyton rubrum* and *Epidermophyton floccosum*. Safety and effectiveness of Luzu in pediatric patients have been established (1).

Prior approval is required to ensure the safe, clinically appropriate and cost effective use of Luzu while maintaining optimal therapeutic outcomes.

References

Policy History

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<tr>
<td>December 2014</td>
<td>Addition to PA and</td>
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<tr>
<td>March 2015</td>
<td>Annual editorial review and reference update</td>
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<td>December 2016</td>
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<tr>
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<td>Added age limit to renewal criteria.</td>
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<td>Policy number changed from 5.14.10 to 5.90.10</td>
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<td>September 2017</td>
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Keywords
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<td>January 1, 2015</td>
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This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 6, 2019 and is effective on January 1, 2020.