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5.90.010

Section:	Prescription Drugs	**Effective Date:**	October 1, 2024
Subsection:	Topical Products	**Original Policy Date:**	January 1, 2015
Subject:	Luzu	**Page:**	1 of 4

Last Review Date: September 6, 2024

Luzu

Description

Luzu (luliconazole)

Background
Luzu (luliconazole) is a topical azole antifungal cream used 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*. Although the exact mechanism of action of Luzu is unknown, it appears to work by weakening the structure and function of the fungal cell membrane (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, Topical Antifungals, 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** if the conditions indicated below are met.

Luzu may be 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. Suspected infection of **ONE** of the following fungal species:
    a. *Trichophyton rubrum*
    b. *Epidermophyton floccosum*
2. Inadequate treatment response, intolerance, or contraindication to a legend topical or oral antifungal medication (e.g., fluconazole, terbinafine, ketoconazole, etc.)

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. Suspected infection of **ONE** of the following fungal species
    a. *Trichophyton rubrum*
    b. *Epidermophyton floccosum*

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 (luliconazole) is a topical azole antifungal cream used to treat interdigital tinea pedis, tinea cruris, and tinea corporis caused by *Trichophyton rubrum* and *Epidermophyton floccosum*. Although the exact mechanism of action of Luzu is unknown, it appears to work by weakening the structure and function of the fungal cell membrane. 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

1. Luzu [package Insert]. Bridgewater, NJ: Bausch Health US, LLC; April 2020.

Policy History

Date	Action
December 2014	Addition to PA and
March 2015	Annual editorial review and reference update
December 2016	Annual editorial review and reference update Added age limit to renewal criteria. Policy number changed from 5.14.10 to 5.90.10
September 2017	Annual editorial review
March 2018	Removal of age from initiation and renewal criteria
June 2018	Annual review
September 2019	Annual review
December 2019	Annual review. Addition of quantity limit of 60 units

September 2020	Annual review
June 2021	Annual editorial review and reference update
June 2022	Annual review
June 2023	Annual review. Changed policy number to 5.90.010
September 2023	Annual review. Per SME, revised requirement for laboratory documentation of a fungal infection to “suspected infection”, added examples of legend drugs, removed requirement for continuation: “NOT used in a previously treated location within the last 12 months”
June 2024	Annual review
September 2024	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.