LUZU™ (luliconazole) external cream

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Luzu (luliconazole) 1% cream 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.

Tinea infection refers to a group of infections caused by a fungus, most commonly with a dermatophyte. Dermatophytes are capable of invading the top layer of the skin, hair, or nails. There are three genera of fungi commonly implicated: Trichophyton (skin, nail, and hair infections), Epidermophyton (skin and nail infections), and Microsporum (skin and hair infections). Tinea skin infections are common and they can be classified by the site of infection: tinea barbae [beard area], tinea capitis [scalp], tinea corporis [body], tinea cruris [groin area or jock itch], tinea faciei [face], tinea manuum [hands], tinea pedis [foot or athlete’s foot], and tinea unguium [fingernails or toenails, also known as onychomycosis]. Other nondermatophyte fungi may also cause superficial skin infections such as Malassezia furfur and Candida species. Other tinea infections include tinea nigra and tinea versicolor.
LUZU™ (luliconazole) external cream (cont.)

Diagnosis and identification of the organism can be done by scraping of the nail, skin, or scalp and subsequent culture of the collected material.

Topical treatment is effective for tinea pedis, cruris, and corporis. Systemic therapy is often needed for other types of infections such as tinea barbae, capitis unguium or in individuals with comorbidities (such as diabetes or other immunocompromised condition) or when the infection is chronic, widespread, or for those that failed topical treatments.

Topical antifungal products for the treatment of tinea infections are available in a number of dosage forms such as cream, ointment, gel, liquid sprays, powder sprays, powders, etc; many are also available as over-the-counter products. When choosing a formulation it is important to consider efficacy, site of infection, and cost.

Luzu (luliconazole) is an antifungal agent that belongs to the imidazole class of antifungals. Luliconazole appears to inhibit ergosterol synthesis by inhibiting the enzyme lanosterol 14-alpha demethylase. Inhibition of this enzyme's activity by azoles results in decreased amounts of ergosterol, a constituent of fungal cell membranes, and a corresponding accumulation of lanosterol. The absolute mycologic cure rate for tinea pedis is 29-44%, for tinea cruris is 33%, the data for tinea corporis is not provided (Luzu package insert).

Definitions:

Other topical antifungal agents for tinea pedis, tinea corporis, and tinea cruris

- Allylamine and allylamine derivatives: fungicidal, most effective
  - Butenafine 1% cream (Rx/OTC)
  - Naftifine 1% cream or gel (Rx)
  - Terbinafine 1% cream or gel (OTC)

- Imidazoles: fungistatic, require longer duration of use
  - Clotrimazole 1% cream, solution (Rx/OTC), 1% ointment (OTC)
  - Econazole 1% cream (Rx)
  - Ketoconazole 2% cream (Rx)
  - Miconazole 2% cream, ointment, lotion, solution, spray, powder (OTC)

- Other
  - Tolnaftate 1% cream, spray, powder, liquid, solution (OTC)

Drug related events:

- Ineffective / failure
  - Use of a drug employing optimal doses (FDA-recommended doses) for optimal duration; where the condition being treated has not improved or worsened

A request for branded agent due to generic drug failure or ineffectiveness will be assessed for potential approval with documentation of use of optimal dose / duration of the generic product and meeting other criteria within the coverage guideline. When the drug in question is a combination product, there must be documentation of failure / ineffectiveness of concurrent use (each ingredient used at the same time) of individual generic components. When the drug in question is a low dose formulation, there must be documentation of failure / ineffectiveness of low dose generic formulation.
LUZU™ (luliconazole) external cream (cont.)

**Adverse Drug Event:** Allergic reaction / Hypersensitivity / Intolerance

Use of a drug produced a significant reaction where continued use of the drug places the individual at risk for either lack of improvement or worsening of the condition being treated or at risk for harm and the concern is documented in medical record. A significant adverse drug event is when an individual's outcome is death, life-threatening, hospitalization (initial or prolonged), disability resulting in a significant, persistent, or permanent change, impairment, damage or disruption in the individuals' body function/structure, physical activities or quality of life, or requires intervention to prevent permanent impairment or damage.

*Allergic reaction / hypersensitivity* – may or may not involve the active ingredient. When the active ingredient is involved, use of same or a chemically similar agent places the individual at risk for harm when the same or chemically similar agent is used. The subsequent reaction may be the same as the original reaction or a more exaggerated response may be seen, potentially placing the individual at even greater risk for harm.

If the reaction occurred from the active/main generic ingredient; request for branded agent with same active ingredient will not be considered unless it is proven (documented) that active ingredient did not cause reaction and the request meets other criteria within the coverage guideline

*Intolerance* – these events represent circumstance(s) where use of a drug produced a significant reaction and continued use may result in non-adherence to proposed therapy and this concern is documented in medical record

**Contraindication**

Use of a drug that is not recommended by the manufacturer or FDA labelling

Use of any drug in the face of a contraindication is outside of the FDA and manufacturer's labelled recommendation and is considered investigational or experimental

**Non-adherence**

Individual does not follow prescribe regimen that places the individual at risk for lack of improvement or worsening of the condition being treated and this concern is documented in medical record

**Precertification:**

Precertification (Prior Authorization) is required for members with a Blue Cross Blue Shield of Arizona (BCBSAZ) pharmacy benefit for medication(s) or product(s) indicated in this guideline.

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at [www.azblue.com/pharmacy](http://www.azblue.com/pharmacy).

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.
LUZU™ (luliconazole) external cream (cont.)

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Criteria:

See “Resources” section for FDA-approved dosage.

- Precertification for Luzu requires completion of the specific request form in its entirety. All requested data must be provided. Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. Incomplete forms will be returned.

- FDA-approved product labeling (indication, age, dosage, testing, contraindications, exclusions, etc.) of Luzu is considered medically necessary with medical record documentation of ALL of the following:
  1. **Individual is 18 years of age or older**
  2. Medical record documentation of a diagnosis of ONE of the following:
      - Interdigital tinea pedis [foot or athlete’s foot]
      - Tinea cruris [groin area or jock itch]
      - Tinea corporis [body]
  3. Medical record confirmation the causative organism is ONE of the following:
      - *Trichophyton rubrum*
      - *Epidermophyton floccosum*
  4. Unable to use other topical antifungal agents (See Definitions Section) due to ONE of the following:
      - Condition worsened or did not improve with use of ALL other topical antifungal agents
      - Experienced a significant adverse effect with use of ALL other topical antifungal agents
      - Has contraindications to ALL the other topical antifungal agents

- Luzu for all other indications not previously listed is considered experimental or investigational based upon:
  1. Lack of final approval from the Food and Drug Administration, and
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  3. Insufficient evidence to support improvement of the net health outcome, and
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  5. Insufficient evidence to support improvement outside the investigational setting.

This includes but is not limited to the following:
- Onychomycosis


FDA-approved indication and dosage:

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<tr>
<th>Indication</th>
<th>Recommended Dose</th>
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| LUZU (luliconazole) Cream, 1% 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, in patients 18 years of age and older. | For topical use only. Not for ophthalmic, oral or intravaginal use.  
Interdigital Tinea Pedis: LUZU Cream, 1% should be applied to the affected and immediate surrounding area(s) once a day for two weeks.  
Tinea Cruris and Tinea Corporis: LUZU Cream, 1% should be applied to the affected skin and immediate surrounding area(s) once a day for one week. |