

Clinical Policy Title:	luliconazole
Policy Number:	RxA.610
Drug(s) Applied:	luliconazole, Luzu®
Original Policy Date:	03/06/2020
Last Review Date:	8/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Tinea Infections (must meet all):

1. Diagnosis of tinea pedis, tinea cruris, or tinea corporis;
2. Member meets once of the following (a or b):
 - a. Age ≥ 12 years for tinea pedis and tinea cruris;
 - b. Age ≥ 2 years for tinea corporis.
3. Trial and failure of at least two (2) formulary topical azole antifungal products (e.g., clotrimazole, ketoconazole, econazole), unless contraindicated or clinically significant adverse effects are experienced.

Approval duration

All Lines of Business (except Medicare): 1 month

II. Continued Therapy Approval

A. Tinea Infections (must meet all):

1. Re-authorization is not permitted. Members must meet the initial approval criteria.

Approval duration

All Lines of Business (except Medicare): Not applicable

References

N/A

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	03/2020	03/06/2020
Policy was reviewed: 1. Clinical policy title table was updated. Line of Business Policy Applies to was updated to "All lines of business". 2. Commercial and Medicaid approval duration rephrased from 4 weeks to 1 month for initial. 3. References was reviewed and updated.	10/02/2020	12/07/2020
Policy was reviewed:	10/14/2021	12/07/2021

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<ol style="list-style-type: none"> 1. Initial Approval Criteria I.A.2 was updated to include age criteria as per indications Tinea pedis, Tinea cruris and tinea corporis. 2. References were reviewed and updated. 		
Policy was reviewed: <ol style="list-style-type: none"> 1. Reference were reviewed and updated. 	8/30/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: <ol style="list-style-type: none"> 1. Added generic luliconazole to Drug(s) Applied. 2. Removed dose restrictions. 3. Updated approval duration verbiage. 	8/28/2024	9/13/2024