



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Luzu™ (luliconazole cream)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be at least 18 years of age
- Member must have clinical diagnosis of tinea pedis, tinea cruris or tinea corporis
 - Diagnosis must be confirmed by potassium hydroxide (KOH) preparation or fungal culture
- Previous treatment failure on at least 2 topical creams (clotrimazole, econazole, miconazole, ketoconazole, naftifine, terbinafine, ciclopirox, etc.; refer to the Preferred Drug List for preferred options)
- Previous treatment failure on ORAL terbinafine

Limitations:

- Max allowed quantity per month is 60gm