BlueCross BlueShield Federal Employee Program

LUZU
(luliconazole)

Pre - PA Allowance
None

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 Limits

Quantity 60 units
Duration 1 month

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*

Prior - Approval *Renewal* Limits

Same as above