

LUZU



REVIEWED

By Olga.Howell at 7:11 pm, Jul 23, 2015

HTML markups

LUZU
(Iuliconazole) Cream, 1%

LUZU may help some patients with Interdigital tinea
pedis become fungus free. Individual results may vary.

Indications and Usage

LUZU (Iuliconazole) Cream, 1% is 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

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Important Safety Information

LUZU STRENGTH

(luticonazole) Cream, 1%

For tinea pedis, tinea cruris, and tinea corporis*

*Due to *T. rubrum* and *E. floccosum* in adults


(luticonazole) Cream, 1%

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Epidermophyton floccosum in patients 18 years of age and older.

Important Safety Information

LUZU is indicated for topical use only and is not indicated for ophthalmic, oral or intravaginal use.

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PATIENTS SAVE WITH A \$0 TRIAL OFFER*

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LUZU should be used during pregnancy only if
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Caution should be exercised when LUZU is
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The most common adverse reactions in clinical
trials were application site reactions, which
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LUZU and vehicle arms. Most adverse

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that were application site reactions, which
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LUZU and vehicle arms. Most adverse
reactions were mild in severity.

*This offer is valid for patients with commercial
insurance or cash-paying patients. Most
commercially insured patients will pay \$35 for

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commercially insured patients will pay \$35 for new prescriptions and \$40 for refills. Cash-paying patients and commercially insured patients whose insurance does not cover LUZU will pay \$75. This offer is not valid for prescriptions reimbursed in whole or in part by Medicaid, Medicare (including Medicare Advantage, MA) and Part D plans), or any

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by Medicaid, Medicare (including Medicare Advantage [MA] and Part D plans), or any other federal or state programs (including VA, DoD, TRICARE, or any state prescription drug programs). Void where prohibited by law, taxed, or restricted. Void outside the United States. Valeant Pharmaceuticals reserves the right to suspend, revoke, or amend this offer at

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States. Valeant Pharmaceuticals reserves the right to rescind, revoke, or amend this offer at any time without notice. Philidor Rx does not participate in MA or Part D plans. The self-pay option is available to enrollees of such plans as an alternative to using their MA or Part D benefits, which, in some cases, may require

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benefits, which, in some cases, may require prior authorization or a co-payment that exceeds the self-pay option price. MA and Part D patients should consult their plan benefits to determine whether the self-pay option is right for them.

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