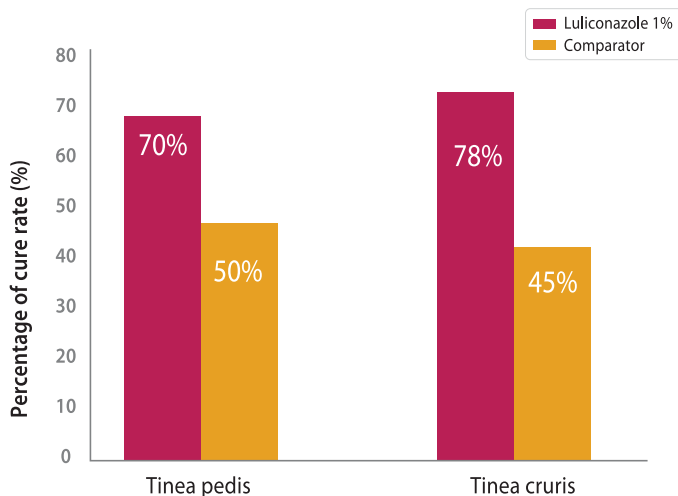


- ❖ Dermatophytosis (tinea pedis, tinea cruris, and tinea corporis) is one of the most frequent causes of outpatient dermatology visits, often associated with recurrence and patient non-compliance.
- ❖ Luliconazole 1% cream, applied once daily, has demonstrated rapid fungicidal activity with shorter treatment durations compared to conventional topical antifungals.
- ❖ Clinical trials show superior or comparable mycologic cure rates to established agents, with excellent safety and tolerability.

Study overview

Condition	Duration	Study design	Cure rates (%)	Comparator
Tinea pedis	Luli: 2 weeks vs Bifo: 4 weeks	Randomized controlled trial	73 vs 50	Bifonazole 1%
Tinea cruris	7 days	Randomized controlled trial	78 vs 45	Vehicle
Tinea pedis (interdigital)	2–4 weeks	Randomized controlled trial	78–91 vs ~10	Vehicle

Luliconazole 1% showed 20–30% higher cure rates vs comparator



Conclusion

- ❖ Luliconazole 1% cream combines potent fungicidal efficacy with short-course therapy, significantly improving patient adherence & outcomes.
- ❖ Its superior clearance rates, proven against both active comparators and vehicle, make it a preferred first-line topical antifungal for dermatophytosis.
- ❖ With excellent safety, once-daily convenience, and strong clinical evidence, luliconazole offers physicians a reliable solution to address recurrent & resistant superficial fungal infections.

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Luliconazole: A Novel Imidazole for Superficial Fungal Infections



Intelligence applied. Benefits multiplied

Drug Review

An overview of dermatophytosis

- Fungal infections (superficial and invasive) are a major health problem and an important cause of morbidity. Superficial fungal infections affect as many as 20%–25% of the world's population and are associated with interference with daily activities, poor quality of life, and health care expenditure.
- Dermatophytosis usually remain localized to the superficial layers of the skin, hair, or nails. They are also commonly known as ringworms for its characteristic ring-shaped lesions.

Challenges in the treatment of fungal infections

- Adequate treatment of cutaneous mycoses with current antifungals often requires long courses, but patients discontinue early once symptoms subside, leaving fungi behind and causing relapses. Short-course, fungicidal agents that ensure mycological clearance are therefore highly needed.
- The ideal topical antifungal should provide broad-spectrum fungicidal activity at low doses, convenient once-daily use, keratinophilic/lipophilic action, high cure rates with reservoir effect, minimal resistance or relapse, good safety, and affordability.

Luliconazole: redefining standards in topical antifungal therapy

Luliconazole is a novel, optimally micronized imidazole antifungal designed to address the persistent challenges in dermatophytosis management. Its clinical efficacy, rapid action, and patient-friendly regimen make it a superior choice in topical antifungal therapy. It has:

- **Robust antifungal activity:** Demonstrates strong fungicidal action against common dermatophytes, ensuring comprehensive pathogen clearance.
- **Simplified treatment regimen:** Once-daily dosing with short treatment duration (1 week for tinea cruris/corporis, 2 weeks for tinea pedis), improving adherence and compliance.
- **Enhanced skin penetration:** Micronized formulation (<25 microns) achieves deeper tissue penetration for effective eradication of residual fungi.
- **Proven clinical outcomes:** Randomized trials confirm high clinical and mycological cure rates with significantly lower relapse compared to vehicle.
- **Excellent safety profile:** Well-tolerated with minimal localized adverse events (<1%), ensuring high patient acceptability.

Table 1: Efficacy results at 4 weeks post-treatment- interdigital tinea pedis

	Study 1		Study 2	
	LULICONAZOLE Cream, 1% N= 106 n (%)	Vehicle Cream N= 103 n (%)	LULICONAZOLE Cream, 1% N= 107 n (%)	Vehicle Cream N= 107 n (%)
Complete Clearance	28 (26%)	2 (2%)	15 (14%)	3 (3%)
Effective Treatment	51 (48%)	10 (10%)	35 (33%)	16 (15%)
Clinical Cure	31 (29%)	8 (8%)	16 (15%)	4 (4%)
Mycological Cure	66 (62%)	18 (18%)	60 (56%)	29 (27%)

Table 2: Efficacy results at 3 weeks post treatment- tinea cruris

	LULICONAZOLE Cream, 1% N= 165 n (%)	Vehicle Cream N= 91 n (%)
Complete Clearance	35 (21%)	4 (4%)
Effective Treatment	71 (43%)	17 (19%)
Clinical Cure	40 (24%)	6 (7%)
Mycological Cure	129 (78%)	41 (45%)

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