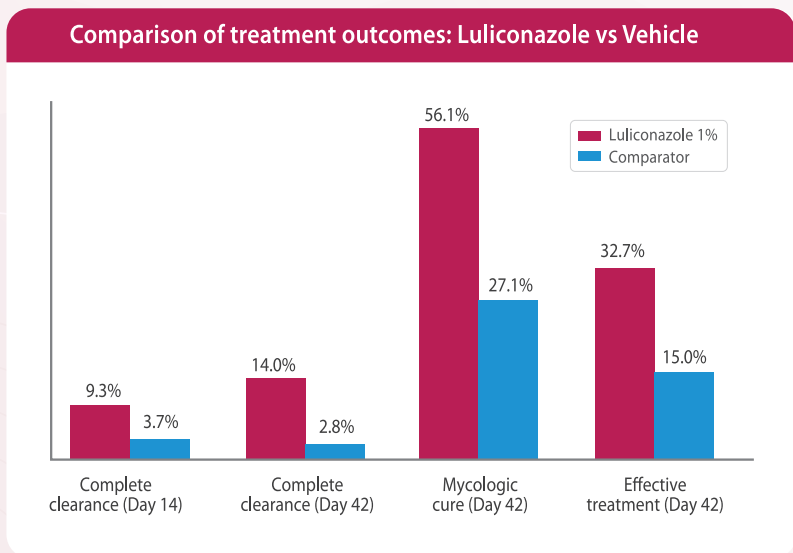


Once-daily luliconazole cream 1% for the treatment of interdigital tinea pedis

- Tinea pedis (athlete's foot) affects up to 15% of the population, commonly in the interdigital spaces, with frequent relapses due to non-compliance.
- Luliconazole, an imidazole antifungal, shows superior activity against dermatophytes, including Trichophyton species, compared to other treatments.
- This study evaluated the effectiveness of once-daily Luliconazole cream 1% for 14 days, showing it to be highly effective and well-tolerated for treating interdigital tinea pedis.

Study Design		Randomized controlled trial	
Population	Duration	Comparator	Result
322 patients with interdigital tinea pedis	 28 days	Vehicle cream	Luliconazole achieved significantly higher complete clearance, mycologic cure, and effective treatment compared to vehicle at both Day 14 and Day 42.



Conclusion

- Luliconazole cream 1% offers an effective short-course treatment for tinea pedis with a 14-day regimen.
- It achieves higher clinical and mycologic cure rates compared to vehicle treatments and other antifungals.
- The drug is well-tolerated, with mild adverse effects, making it a preferred option for managing tinea pedis.

Ref: Gold MH, Olin JT. Once-daily luliconazole cream 1% for the treatment of interdigital tinea pedis. Expert Rev Anti Infect Ther. 2015. doi:10.1586/14787210.2015.1116939

Luliconazole: A Novel Imidazole for Superficial Fungal Infections



Luliconazole 1% Cream
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%)

Ref.: 1. Luliconazole for the treatment of fungal infections: an evidence-based review, Deepshikha Khanna Subhash Bharti: Core Evidence 2014;9. 2. A critical appraisal of once-daily topical luliconazole for the treatment of superficial fungal infections, Aditya K Gupta, Deanne Daigle: Infection and Drug Resistance 2016;9. 3. Epidemiological trends in skin mycoses worldwide, Blanka Havliczkova, Viktor A. Czaika and Markus Friedrich: Mycoses, 51 (Suppl. 4), 2–15; 4. LUZU product monograph; 5. A Randomized, Double-blind, Vehicle-controlled Trial of Luliconazole Cream 1% in the Treatment of Interdigital Tinea Pedis, Zoe Diana Draelos, Md, Faad; Tracey C. Mahovic, Dpm; Michael H. Gold, Md, Faad; Lawrence Charles Parish, Md, Md (Hon), Faad; Andrew Korotzer, PhD: J Clin Aesthet Dermatol. 2014.; 6. Efficacy and tolerability of luliconazole cream 1% for dermatophytoses: A Meta-analysis Xiaowei FENG, Jinwei MEI, Kaiwen ZHUANG, Yuping RAN: Journal of Dermatology 2014; 41: 779–782; 7. Comparison of efficacy, safety, and cost-effectiveness of sertaconazole and luliconazole cream in patients with dermatophytosis: A prospective, randomized, open-label study, Ganesh N. Dakshale, Ashish V. Gupta, Jayesh I. Mukhi, Mrunalini V. Kulkarni 2021.; 8. Jarrett M, Jones T, Adelglass J, et al. Efficacy and safety of once-daily luliconazole 1% cream in patients <12 years of age with interdigital tinea pedis: a phase 3, randomized, double-blind, vehicle-controlled study. J Drugs Downloaded by [University of Otago] at 03:27 18 November 2015 17 Dermatol 2014;13(7):838-846.