

## PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**LAMISIL ORAL GRANULES**  
(terbinafine)

**Status:** CVS Caremark Criteria  
**Type:** Initial Prior Authorization

### POLICY

#### FDA-APPROVED INDICATIONS

Lamisil (terbinafine hydrochloride) Oral Granules are indicated for the treatment of tinea capitis in patients 4 years of age and older.

#### COVERAGE CRITERIA

Lamisil Granules will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of tinea capitis in a patient 4 years of age or older

#### REFERENCES

1. Lamisil Oral Granules [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; February 2015.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed May 2017.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed May 2017.