

PRIOR AUTHORIZATION CRITERIA

BRAND NAME*
(generic)

LAMISIL TABLETS
(terbinafine)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

* Drugs that are listed in the target drug box include both brand and generic and all dosages forms and strengths unless otherwise stated

POLICY

FDA-APPROVED INDICATIONS

Lamisil (terbinafine hydrochloride) Tablets are indicated for the treatment of onychomycosis of the toenail or fingernail due to dermatophytes (tinea unguium).

Prior to initiating treatment, appropriate nail specimens for laboratory testing [potassium hydroxide (KOH) preparation, fungal culture, or nail biopsy] should be obtained to confirm the diagnosis of onychomycosis.

Compendial Uses

Tinea Corporis³, Tinea Cruris³ – extensive or complicated infection or in immunocompromised patient

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for one of the following: A) treatment of onychomycosis due to tinea unguium confirmed by a fungal diagnostic test, B) treatment of tinea corporis or tinea cruris in a patient who is immunocompromised or has extensive or complicated infection

REFERENCES

1. Lamisil tablets [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 [available with subscription]. Accessed May 2017.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed May 2017.
4. American Academy of Dermatology. <http://www.aad.org>. Accessed May 2017.