

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 [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.