

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

LAMISIL TABLETS
(terbinafine)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

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 an 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 dermatophytes 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; January 2017.
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 April 2018.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed April 2018.
4. Adult Cutaneous Fungal Infections I: Dermatophytes – Basic Dermatology Curriculum. American Academy of Dermatology. November 23, 2013. Available at <https://www.aad.org/education/basic-derm-curriculum/suggested-order-of-modules/adult-fungal-infections>. Accessed April 2018.
5. Westerberg, DP, Voyack MJ. Onychomycosis: Current Trends in Diagnosis and Treatment. American Family Physician 2013;88(11):762-70.