

LAMISIL (terbinafine)

GPI CODING:

11000080100310 Lamisil (Brand only)

DESCRIPTION:

Lamisil is an antifungal medication. The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) for Lamisil brand name tablets. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system. Please refer to the medication table for overlapping programs to insure appropriate and complete overrides are entered.

APPROVAL DURATION:

12 months for onychomycosis with no comorbidity
12 months for non-onychomycosis indications
Lifetime for onychomycosis with a relevant comorbidity

CRITERIA FOR LAMISIL

- I. Onychomycosis for patients with no relevant comorbidity (normal immune system, and no disorder which predisposes to infection in the extremities) **AND**
 - A. Evidence of functional impairment (such as loss of one or more toenails, pain, or swelling) **AND**
 - B. A confirmed fungal infection (e.g., physical exam)
- OR**
- II. Onychomycosis for patients with a relevant comorbidity (abnormal immune system [e.g., HIV positive, on immunosuppressant drugs]) and/or disorder which predisposes to infection in the extremities [e.g., Diabetes] **AND**
 - A. A confirmed fungal infection (e.g., physical exam)
- OR**
- III. Tinea infections (EXCEPT for Tinea unguium) when the patient has demonstrated an inadequate response to, is intolerant to, or had a confirmed adverse event with at least one prior topical therapy including, but not limited to miconazole, tolnaftate, clotrimazole, ketoconazole, econazole, nystatin, butenafine, or terbinafine