

Generic Name: Terbinafine

Therapeutic Class or Brand Name: Lamisil®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 1100008010

Preferred: Terbinafine

Non-preferred: Lamisil®

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 11/7/2020

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through III are met)

- I. Documented diagnosis of Onychomycosis.
- II. Minimum age requirement: 18 years old.
- III. Non-preferred products (i.e. Lamisil® tablets) require a documented clinical reason containing details as to why generic terbinafine is not appropriate or is contraindicated.

EXCLUSION CRITERIA

- Chronic active liver disease.

OTHER CRITERIA

- The optimal clinical effect from treatment with Lamisil® is not seen immediately after treatment is completed but is seen some months after mycological cure and cessation of treatment. This is related to the period required for outgrowth of healthy nail.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Quantities of up to 30 tablets per 30 days.

APPROVAL LENGTH

- **Authorization:**
 - Fingernail onychomycosis: 6 weeks per 52 week period.
 - Toenail onychomycosis: 12 weeks per 52 week periods.
- **Re-Authorization:** N/A

APPENDIX

N/A

REFERENCES

1. NPS.
2. http://www.pharma.us.novartis.com/product/pi/pdf/Lamisil_tablets.pdf.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.