

# PHARMACY GUIDELINE – 3

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## UNIVERSITY PHYSICIANS HEALTH PLANS

(Maricopa Health Plan)

### PHARMACY REFERRAL GUIDELINE

#### **LAMISIL® (TERBINAFINE)**

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Terbinafine is used for the treatment of onychomycosis of the fingernail and toenail due to dermatophytes. Terbinafine requires Prior Authorization.

Onychomycosis is generally a chronic fungal infection of the nail due to *Trichophyton rubrum* which is often recurrent. Treatment with terbinafine or other oral systemic antifungal agents will be limited to those cases in which there is documented inflammation of the nailbed or surrounding skin. **Treatment for the purpose of eliminating thickened, yellow nails will not be approved.**

Approved treatment will be for 12 weeks (250 mg/day) for treatment of toenails and 6 weeks for fingernails (250mg/day).

Prior authorization requires submission of the Prior Authorization Request form and clinic notes.

*Approved by the Pharmacy and Therapeutics Committee 12/00; Revised and approved by the Pharmacy and Therapeutics Committee 12/03; Reviewed 12/05, 6/06, 1/08, 5/09*