

LAMISIL, PENLAC, SPORANOX PA SUMMARY

PREFERRED	Ciclopirox nail lacquer, itraconazole capsules, Terbinafine tablets
NON-PREFERRED	CNL8 Nail Kit, Lamisil tablets, Lamisil oral granules, Penlac nail lacquer, Sporanox capsules and pulsepak, Sporanox oral solution

LENGTH OF AUTHORIZATION: Varies based on drug and diagnosis

PA CRITERIA:

For terbinafine (Lamisil) tablets

- ❖ Approvable for the treatment of onychomycosis. Submit documentation of positive KOH preparation, fungal culture, or nail biopsy.

For Lamisil oral granules

- ❖ Approvable for the treatment of tinea capitis in members 4-12 years of age. Submit documentation of allergies, drug-drug interactions, contraindications, or a history of intolerable side effects to griseofulvin.

For ciclopirox (Penlac) or CNL8

- ❖ Approvable for the treatment of mild to moderate onychomycosis or white superficial onychomycosis in members with diabetes mellitus or peripheral vascular disease. Submit documentation of positive fungal culture result.
- ❖ Approvable for the treatment of moderate to severe onychomycosis in members with diabetes mellitus, peripheral vascular disease, or immunocompromised status. Submit documentation of positive fungal culture result AND allergies, drug-drug interactions, contraindications, or a history of intolerable side effects to terbinafine (Lamisil).

For itraconazole (Sporanox capsules or pulsepak)

- ❖ Approvable for the treatment of onychomycosis. Submit documentation of allergies, drug-drug interactions, contraindications, or a history of intolerable side effects to terbinafine (Lamisil) AND positive KOH preparation, fungal culture, or nail biopsy.
- ❖ Approvable for the diagnosis of aspergillus, blastomycosis, or histoplasmosis.
- ❖ Approvable for the diagnosis of tinea versicolor, tinea cruris, tinea corporis, or tinea pedis when infections involve a large area of the body or the member is immunocompromised.

For Sporanox oral solution

- ❖ Approvable for the diagnosis of oropharyngeal candidiasis (thrush), esophageal candidiasis, or empiric febrile neutropenia.
- ❖ Approvable in patients meeting Sporanox capsules or pulsepak criteria who are unable to swallow capsules.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.