PRIOR AUTHORIZATION CRITERIA

<table>
<thead>
<tr>
<th>BRAND NAME</th>
<th>LAMISIL ORAL GRANULES</th>
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<td>(generic)</td>
<td>(terbinafine)</td>
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Status: CVS Caremark Criteria  
Type: Initial Caremark Prior Authorization

POLICY

FDA-APPROVED INDICATION
Lamisil (terbinafine hydrochloride) Oral Granules are indicated for the treatment of tinea capitis in patients 4 years of age and older.

COVERAGE CRITERIA
Lamisil Granules will be covered with prior authorization when the following criteria are met:

- Lamisil oral granules are being prescribed for the treatment of tinea capitis in a patient 4 years of age or older

RATIONALE
These criteria meet the Medicare Part D definition of a medically accepted indication. This definition includes uses which are approved by the FDA or supported by a citation included, or approved for inclusion, in one of the Medicare approved compendia.

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. Lamisil (terbinafine) Oral Granules are indicated for the treatment of tinea capitis in patients 4 years of age and older.

Lamisil (terbinafine hydrochloride) Oral Granules should be taken once a day for 6 weeks based upon body weight.

REFERENCES