Onychomycosis Antifungal Agents

Effective 10/04/2012
Revised 07/09/2015

Preferred Agents
- Ciclopirox Cream
- Ciclopirox Solution
- Griseofulvin Capsules
- Griseofulvin Powder
- Griseofulvin Susp
- Gris-Peg®
- Terbinafine

Non-Preferred Agents
- Ciclodan 8% Kit
- Ciclopirox 8% Kit/Gel
- CNL 8 Nail Kit
- Grifulvin V® Tablets/Susp
- Griseofulvin Tablets
- Griseofulvin Ultramicrosize
- Itraconazole
- Lamisil®
- Onmel®
- Pedipirox-4® Nail Kit
- Penlac®
- Sporanox® Capsules/Soln
- Terbinex® Kit
- Xolegel®

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<th>Approval Criteria</th>
<th>Denial Criteria</th>
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| • Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents  
  o Documented trial period for preferred agents  
  o Documented ADE/ADR to preferred agents | Lack of adequate trial on required preferred agents |
| • Documented compliance on current therapy regimen | Therapy will be denied if no approval criteria are met |
| • Documented diagnosis of proximal or distal, white, subungual onychomycosis, identified through:  
  o KOH microscopic exam  
  o Fungal Culture, or  
  o Nail Biopsy | Drug Prior Authorization Hotline: (800) 392-8030 |
| • > 30% nail plate involvement | • Sporanox Only:  
  o Left ventricular dysfunction, such as congestive heart failure (CHF) |