



Missouri Pharmacy Program – Preferred Drug List



Onychomycosis Antifungal Agents

Effective 12/07/2005

Revised 10/06/2011

Preferred Agents

- Gris-Peg®
- Griseofulvin Susp
- Griseofulvin Capsules
- Griseofulvin Powder
- Terbinafine
- Ciclopirox Solution

Non-Preferred Agents

- Sporanox® Capsules
- Sporanox® Solution
- Itraconazole
- Penlac®
- Grifulvin V Suspension
- Lamisil®
- Terbinex®
- Grifulvin V® Tabs
- Ciclopirox 8%Kit
- CNL 8 Nail Kit
- **(Ciclodan 8% Kit)**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Documented diagnosis of proximal or distal, white, subungual onychomycosis, identified through: <ul style="list-style-type: none"> ○ KOH microscopic exam ○ Fungal Culture, or ○ Nail Biopsy 	Lack of adequate trial on required preferred agents
> 30% nail plate involvement	Therapy will be denied if no approval criteria are met
Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agent	Sporanox Only: <ul style="list-style-type: none"> ○ Left ventricular dysfunction, such as congestive heart failure (CHF)
Documented trial period for preferred agents	
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	
See Appendix I for maximum approvable durations of therapy	Drug Prior Authorization Hotline: (800) 392-8030

Appendix I

Product	Strength/Dose	Duration of Therapy	Anatomic location of infection
Lamisil	250mg Once Daily	6 weeks	Fingernails
Lamisil	250mg Once Daily	12 Weeks	Toenails
Sporanox	200mg BID	1 week (3 weeks no therapy) for 3 cycles (Pulse)	Fingernails
Sporanox	200mg Once Daily	12 weeks (or Pulse)	Toenails