

HealthAlliance **MEDICARE**

PURPOSE OF THE POLICY

To establish guidelines to evaluate the appropriateness for override of the criteria-based drug policy

STATEMENT OF THE POLICY

The oral anti-fungal medications and Penlac® are covered based on the following procedure and applies to new starts only for Medicare Part D members.

PROCEDURES

1. Background

- 1.1 Oral antifungals (terbinafine, fluconazole, itraconazole, ketokonazole and griseofulvin) and ciclopirox (Penlac®) are provisionally covered. Prior authorization is required. These products are covered for indications other than onychomycosis.

2. Onychomycosis coverage

- 2.1 Therapy will be approved for a maximum of four months **on oral antifungals, and one treatment of six months of ciclopirox.**
- 2.2 Only ONE course of treatment per year will be approved.