



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: Ciclopirox 8%

Brand Name: Penlac

Medication Class: Antifungal

FDA Approved Indication: As topical treatment in immunocompetent patients with mild to moderate onychomycosis of fingernails and toenails, without lunula involvement, due to *Trichophyton rubrum*.

Usual Dose: Applied to affected nails daily. Once weekly removal with alcohol and nail trim.

Duration of Therapy: Up to 48 weeks

Criteria for Use: (bullet points below are all inclusive unless otherwise noted)

- Documentation of infection by culture implicating *T. rubrum* (required)
- Immunocompetent
- Symptoms of marked pain on ambulation
- Treatment failure with antifungal preparations

Or

- Diabetic

Or

- onychomycosis of the fingernail

Not approved if:

- Hypersensitivity to any of the components
- For cosmetic use
- Immunocompromised /immunosuppressed

Special issues:

- Risk of removal/trimming should be carefully considered before prescribing to patients with history of insulin-dependent diabetes / diabetic neuropathy
- Only modestly effective with cure rates of less than 15%

P&T Approval: _____ Date: _____