



**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 OTC topical 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: \_\_\_\_\_