



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

TERBINAFINE

Coverage Criteria

Onychomycosis due to dermatophytes (tinea unguium) Tablet form is for fungal infections of the toe, or fingernail, caused by the fungus, tinea unguium. Cream is for fungal infections of the skin including tinea pedis ("athlete's foot"), tinea corporis, and tinea cruris.

Required Medical Information

LFTs, fungal diagnostic test (e.g., KOH preparation, positive fungal culture, or nail biopsy)

Exclusion Criteria

Non FDA approved treatment

Member Information

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male	Female		
Date of Birth		Age	Weight in Kg		
Street Address					
City		State	Zip		

Physicians Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State	Zip		
Phone		Fax			

Requested Drug

TERBINAFINE	Reason for Request	
Condition/Diagnosis Related		

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing		Strength/Dosage			
Formulary Alternative(s) Attempted?		Yes:		No:	
Please List Alternative Formulary Drugs					
Comments					

Physicians Signature: _____ Fax Form to 1-877-847-9904