

LAMISIL (terbinafine)

PRIOR AUTHORIZATION REQUEST FORM

[If the answer to this question is yes, then skip to question 9.]

7. Does the patient have peripheral vascular disease? Y N

[If the answer to this question is yes, then skip to question 9.]

8. Does the patient have swelling and redness in the surrounding tissue? Y N

9. Is the infection limited to the fingernails? Y N

[If the answer to this question is yes, then no further questions are required.]

10. Does the infection involve the toenails or toenails and fingernails? Y N

11. [No further questions required.]

Comments:

I affirm that the information given on this form is accurate as of this date.

Prescriber (or Authorized) Signature and Date:
