

**Neighborhood Health Plan of Rhode Island
Prior Authorization Form
Lamisil® (Terbinafine)**

Information given on this form is accurate as of this date.

Prescriber's Signature

Date

Request for Lamisil for the treatment of onychomycosis *MUST* be accompanied with a copy of the medical notes from the appointment and documentation for positive fungus, ex. + KOH, + fungal culture, + nail biopsy.

Do not submit request if medical notes from the appointment or fungal lab results are missing

Cosmetic indications are not covered.