

## Commercial/Healthcare Exchange PA Criteria Effective: September 2015

**Prior Authorization:** Jublia

**Products Affected:** Jublia (efinaconazole) 10 % Topical Solution

**Medication Description:**

Jublia (efinaconazole) 10% topical solution is an azole antifungal for the treatment of adults with onychomycosis of the toenail caused by *Trichopyton rubrum* and *T mentagrophytes*. The treatment duration is 48 weeks.

**Covered Uses:** Onychomycosis of the toenail(s) due to *Trichophyton rubrum* and *Trichophyton mentagrophytes*

**Exclusion Criteria:** N/A

**Required Medical Information:**

- Previous medications tried
- Diagnosis

**Age Restrictions:** ≥ 18 years of age

**Prescriber Restrictions:** N/A

**Coverage Duration:** 48 weeks

**Other Criteria:**

Approve Jublia if the patient meets the following criteria (A **and** B):

- A. Patient has a diagnosis of onychomycosis with **ONE** of the following comorbidities:
  - a. Diabetes; **OR**
  - b. HIV; **OR**
  - c. Immunosuppression (i.e. receiving chemotherapy, taking long term oral corticosteroids, taking anti-rejection medications); **OR**
  - d. Peripheral vascular disease; **OR**
  - e. Pain caused by the onychomycosis; **AND**
- B. History of failure, contraindication, or intolerance to the following antifungal agents:
  - a. 3-month course of treatment with oral terbinafine (Lamisil); **AND**
  - b. ciclopirox (Penlac) topical solution

**References:**

1. Jublia Prescribing Information. Valeant Pharmaceuticals North America LLC. Bridgewater, NJ. September 2016. Accessed October 2019.
2. Sporanox Prescribing Information. Jansen Pharmaceuticals. Titusville, NJ. June, 2014.
3. Lamisil Prescribing Information. Novartis Pharmaceuticals Corporation. East Hanover, NJ. October, 2013.
4. Kerydin Prescribing Information. Anacor Pharmaceuticals, Inc., Palo Alto, CA. July, 2014.
5. Treating Onychomycosis. Am Fam Physician. 2001 Feb 15;63(4):663-72, 677-8.

6. Goldstein AO. Onychomycosis. In: UpToDate, Post TW (Ed) UpToDate, Waltham, MA. (Accessed on September 30, 2014.)

**Policy Revision history**

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	9/2015
2	Update	Moved to updated template Previous CCI Revision History: 9/15, 8/16, 8/17, 7/18	All	2/14/2020