

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
**(generic)**

**JUBLIA**  
**(efinaconazole topical solution)**

**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

Jublia (efinaconazole) topical solution, 10% is an azole antifungal indicated for the topical treatment of onychomycosis of the toenail(s) due to *Trichophyton rubrum* and *Trichophyton mentagrophytes*.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for onychomycosis of the toenail(s) due to *Trichophyton rubrum* or *Trichophyton mentagrophytes*, which has been confirmed with a fungal diagnostic test (e.g., potassium hydroxide [KOH] preparation, fungal culture, or nail biopsy)  
**AND**
- The patient has experienced an inadequate treatment response, intolerance, or contraindication to an oral antifungal therapy (e.g., terbinafine, itraconazole)

### REFERENCES

1. Jublia [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals; September 2016.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed April 2018.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed April 2018.
4. Elewski BE, Rich P, Pollak R, et al. Efinaconazole 10% solution in the treatment of toenail onychomycosis: Two phase III multicenter randomized, double-blind studies. *J Am Acad Dermatol* 2013;68:600-8.
5. Westerberg, DP, Voyack MJ. Onychomycosis: Current Trends in Diagnosis and Treatment. *American Family Physician* 2013;88(11):762-70.