

# 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:  $\geq$  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 antirejection 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 Americal LLC. Bridgewater, NJ. September 2016. Accessed October 2019.
- 2. Sporanox Prescribing Information. Jansen Pharmaceuticals. Titusville, NJ. June, 2014.
- Lamasil 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.

Last Rev. February 2020





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

## Policy Revision history

Rev#	Type of Change	Summary of Change	Sections Affected	Date
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