

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS NAIL ANTIFUNGAL, TOPICAL

BRAND NAME
(generic)

JUBLIA
(efinaconazole topical solution)

KERYDIN
(tavaborole topical solution)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Jublia

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*.

Kerydin

Kerydin (tavaborole) topical solution, 5% is an oxaborole antifungal indicated for the treatment of onychomycosis of the toenails due to *Trichophyton rubrum* or *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)

REFERENCES

1. Jublia [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals; September 2016.
2. Kerydin [package insert]. Palo Alto, CA. Anacor Pharmaceuticals; August 2018.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed February 2019.
4. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed February 2019.
5. 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.
6. Westerberg, DP, Voyack MJ. Onychomycosis: Current Trends in Diagnosis and Treatment. *American Family Physician* 2013;88(11):762-70.