

QUANTITY LIMIT PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

JUBLIA
(efinaconazole topical solution)

Status: CVS Caremark Criteria

Type: Quantity Limit; Post Limit 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*.

INITIAL QUANTITY LIMIT**

LIMIT CRITERIA

Drug	1 Month Limit*	3 Month Limit*
Jublia	4 mL / 21 days	12 mL / 63 days

*The duration of 21 days is used for a 28-day fill period and 63 days is used for an 84-day fill period to allow time for refill processing.

**If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

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

- The requested drug is being prescribed for the topical treatment of onychomycosis

AND

- Multiple toenails are being treated

Quantity Limits apply.

The initial quantity limit is set at 4 mL per month.

The post-limit quantity will be set at 16 mL per month.

REFERENCES

1. Jublia [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals; September 2016.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed March 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed March 2020.
4. Lipner SR, Scher RK. Efinaconazole in the treatment of onychomycosis. *Infect Drug Resist.* 2015;8:163–172.