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.

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.

Jublia Limit-Post Limit Policy 2906-HJ 02-2020

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^{**}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.