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 [1 bottle] / 21 days 12 mL [3 bottles] / 63 days

COVERAGE CRITERIA

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

 The patient has an affected area that requires MORE than 84 drops (1 bottle) per 4 weeks (i.e., 2 drops per day for the big toenail and 1 drop per day for other toenails)

Quantity Limits apply.

REFERENCES

- 1. Jublia [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals; September 2016.
- Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed March 2019.
- Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed March 2019.

Jublia Limit-Post Limit Policy 2906-HJ 03-2019.docx

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^{*} 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 pri or authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.