

# 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

<b>Drug</b>	<b>1 Month Limit*</b>	<b>3 Month Limit*</b>
Jublia	4 mL [1 bottle] / 21 days	12 mL [3 bottles] / 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 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.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed March 2019.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed March 2019.