



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

JUBLIA® (efinaconazole)
[Prior Authorization Request Form](#)

Jublia® is an azole antifungal indicated for the topical treatment of onychomycosis of the toenails due to *Trichophyton rubrum* and *Trichophyton mentagrophytes*.

Criteria for Approval

- 1) Diagnosis of onychomycosis of the toenail confirmed by KOH test or laboratory sensitivity; **AND**
- 2) Patient must be eighteen (18) years of age or older; **AND**
- 3) Treatment is requested due to medical condition and not for cosmetic purposes (e.g. patients with history of cellulitis of the lower extremity who have ipsilateral toenail onychomycosis, patients with diabetes who have additional risk factors for cellulitis, and patients who are otherwise immunocompromised). Supporting documentation must be submitted with the request; **AND**
- 4) History of failure, contraindication, or intolerance to one (1) of the following oral antifungal agents (full treatment course of each is required):
 - a. Itraconazole
 - b. terbinafine

All approvals will be granted for 48 weeks.

References

- 1) Jublia package insert 6/2014
- 2) Lexi-Comp Clinical Application 01/23/2015