

POLICY NAME	Jublia (efinaconazole) and Tavaborole	POLICY #	
--------------------	---------------------------------------	-----------------	--

Criteria

Coverage Criteria

- ☐ **1.1** Limited to the treatment of confirmed complex fungal nail infections as supported by:
 - Documented diagnosis of onychomycosis of the toenails due to *Trichophyton rubrum* or *Trichophyton mentagrophytes*, confirmed by KOH testing, PAS stain, or fungal culture
 - Photos showing that two or more nails are involved
 - Documentation that a co-morbid condition is present (e.g. diabetes, presently on a chemotherapy regimen, immunocompromised state)
 - Documentation that the patient is experiencing pain and discomfort from infected nails, which impedes daily functions such as walking and wearing shoes
- ☐ **1.2** Ordered by a Podiatrist (foot doctor) or Dermatologist (skin doctor)
- ☐ **1.3** Documented failure after 12 weeks, intolerance, or contraindication to terbinafine tablet
- ☐ **1.4** Documented failure after 48 weeks, intolerance, or contraindication to ciclopirox topical solution
- ☐ **1.5** Documented failure after 12 weeks, intolerance, or contraindication to itraconazole capsule