

<b>POLICY NAME</b>	Jublia (efinaconazole) and Tavaborole	<b>POLICY #</b>	<b>2314P</b>
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## 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