

Policy Name: Jublia (efinaconazole) and Tavaborole**Policy#:** 2314P

Purpose of the Policy

The purpose of this policy is to define coverage criteria for Jublia (efinaconazole) and tavaborole.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Jublia (efinaconazole) and tavaborole if the following criteria are met.

Criteria

1. 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

2. Approval Period

- 2.1 Approve for 1 year at a time

CPT Codes

HCPCS Codes

References

1. de Berker D. Clinical practice. Fungal nail disease. *N Engl J Med* 2009; 360:2108.
2. Gupta AK, Mays RR, Versteeg SG, et al. Global perspectives for the management of onychomycosis. *Int J*

Dermatol. 2019 Oct;58(10):1118-1129.

3. Crawford F, Young P, Godfrey C, et al. Oral treatments for toenail onychomycosis: a systematic review. Arch Dermatol 2002; 138:811.
4. Kreijkamp-Kaspers S, Hawke K, Guo L, et al. Oral antifungal medication for toenail onychomycosis. Cochrane Database Syst Rev 2017; 7: 31.
5. Havu V, Heikkilä H, Kuokkanen K, et al. A double-blind, randomized study to compare the efficacy and safety of terbinafine (Lamisil) with fluconazole (Diflucan) in the treatment of onychomycosis. Br J Dermatol 2000; 142:97.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.