



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Onychomycosis

Page:

1 of 2

Effective Date: 2/3/2023

Last Review Date: 11/2022

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for onychomycosis under the patient's prescription drug benefit.

Description:

Jublia

Jublia 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*.

Kerydin

Kerydin topical solution, 5% is an oxaborole antifungal indicated for the treatment of onychomycosis of the toenails due to *Trichophyton rubrum* or *Trichophyton mentagrophytes*.

Applicable Drug List:

Jublia

Kerydin

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for onychomycosis of the toenail(s) due to *Trichophyton rubrum* or *Trichophyton mentagrophytes*

AND

- The patient's diagnosis has been confirmed with a fungal diagnostic test (for example, potassium hydroxide [KOH] preparation, fungal culture, or nail biopsy)

AND

- The patient had a trial and failure, or there was a contraindication, with two formulary antifungal agents (for example, itraconazole, oral terbinafine, or ciclopirox)

Approval Duration and Quantity Restrictions:

Approval: 12 months



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Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

1. Jublia [package insert]. Bridgewater, NJ: Bausch Health US LLC; July 2020.
2. Kerydin [package insert]. Palo Alto, CA. Anacor Pharmaceuticals; August 2018.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed July 29, 2021.
4. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed July 29, 2021.
5. Elewski BE, Rich, P, Pollak R, et al. Efinaconazole 10% solution in the treatment of toenail onychomycosis: Two phase III multicenter randomized, double-blind studies. *J Am Acad Dermatol* 2013;68:600-8.
6. Kreijkamp-Kaspers S, Hawke K, Guo L, et al. Oral antifungal medication for toenail onychomycosis. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD010031.
7. Centers for Disease Control (CDC) and Prevention. Fungal Nail infections. <https://www.cdc.gov/fungal/nail-infections.html>. Accessed August 5, 2021.