Jublia and Kerydin

**BENEFIT APPLICATION**

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

**DESCRIPTION**

The intent of the Jublia® and Kerydin prior authorization program is to ensure appropriate selection of patients based on product labeling and/or clinical guidelines and/or clinical studies, and to encourage the use of more cost-effective agents prior to the use of Jublia or Kerydin for the treatment of onychomycosis.

Jublia and Kerydin are both indicated for the topical treatment of onychomycosis of toenails due to *Trichophyton rubrum* and *Trichophyton mentagrophytes*.

**POLICY**

I. **Jublia** and **Kerydin** topical treatment may be considered **medically necessary** for the treatment of onychomycosis when the following criteria are met:

- Diagnosis is distal lateral subungual onychomycosis, fungal etiology has been confirmed by appropriate laboratory testing; AND
- 50% or less clinical involvement of target toenail(s) with no lunula involvement or dermatophytomas present
- Treatment is considered medically necessary (e.g., not for cosmetic purposes only); AND
- Patient has a documented failure with OR contraindication to oral therapies (BOTH terbinafine and itraconazole)
- Treatment is intended as monotherapy and not to be combined with oral treatment
- Patient has experienced an inadequate response, adverse event, intolerance, or contraindication to a 48 week treatment course of the generically available ciclopirox, despite good adherence

Approval will be for **48 weeks**. (Only 1 approval allowed in a lifetime. Continuation not approvable.)

**PROCEDURES AND BILLING CODES**

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- Code(s), if applicable.
REFERENCES


POLICY HISTORY

Policy #: 05.02.00
Policy Creation: April 2006
Reviewed: September 2017
Revised: August 2016
Current Effective Date: September 6, 2016