



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TAVABOROLE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TAVABOROLE	KERYDIN, TAVABOROLE	41353		GPI-10 (9015608000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of onychomycosis (fungal infection) of the toenails?

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

2. Does the patient have a diagnosis of diabetes, peripheral vascular disease (PVD), or immunosuppression?

If yes, continue to #4.

If no, continue to #3.

3. Does the patient have pain surrounding the nail or soft tissue involvement?

If yes, continue to #4.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

4. Has the patient previously tried or have a contraindication to oral terbinafine **OR** oral itraconazole **AND** ciclopirox topical solution?

If yes, continue to #5.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

5. Are five or less toenails affected?

If yes, **approve for 48 weeks by HICL or GPI-10 with a quantity limit of #10mL (1 bottle) per 60 days.**

If no, **approve for 48 weeks by HICL or GPI-10 with a quantity limit of #10mL (1 bottle) per 30 days.**

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GUIDELINES FOR USE (CONTINUED)

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **TAVABOROLE (Kerydin)** requires the following rule(s) be met for approval:

- A. You have onychomycosis of the toenails (toenail fungus infection)
- B. You have complicating factors such as diabetes, peripheral vascular disease (narrowed blood vessels cause low blood flow), a suppressed immune system, or pain surrounding the nail or soft tissue
- C. You have previously tried the following agents, unless there is a medical reason why you cannot (contraindication):
 - 1. Oral terbinafine OR oral itraconazole
 - 2. Ciclopirox topical solution

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Kerydin.

REFERENCES

- Kerydin [Prescribing Information]. Palo Alto, CA: Anacor Pharmaceuticals; October 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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