SUCCESSFUL ONYCHOMYCOSIS TREATMENT STARTS WITH A CLEAN DIAGNOSIS

Sample collection is critical in obtaining a fungal culture.

Sample collection methodology used in JUBLIA clinical trials:

1. **CLEAN**
   - Clean the toenail with an alcohol swab.¹

2. **TRIM**
   - Aggressively trim back the target toenail as close as possible to the leading edge of infection.²

3. **DISCARD**
   - Discard all nail plate clippings and distal subungual debris, which can contain microbial contaminants and foreign debris.²

4. **SCRAPE**
   - Gently scrape keratin from the exposed proximal nail bed.²

Please see Important Safety Information on following page and accompanying full Prescribing Information.
BEST PRACTICES FOR OBTAINING A SAMPLE

✓ Take a sample from the “leading edge” of infection—the edge closest to the proximal nail fold.¹

✓ Avoid collecting distal subungual debris and nail plate material, which frequently contain contaminants and non-viable dermatophytes.¹

✓ Collect scrapings from a single point at the leading edge of infection; don’t scrape the entire nail bed.¹

✓ Collect sufficient material for your lab to perform both a potassium hydroxide (KOH) prep as well as a fungal culture.¹

If your patient’s culture yields a positive result for onychomycosis,
FIGHT IT AT THE SITE OF INFECTION WITH JUBLIA³

INDICATION
JUBLIA (efinaconazole) topical solution, 10% is indicated for the topical treatment of onychomycosis (tinea unguium) of the toenail(s) due to Trichophyton rubrum and Trichophyton mentagrophytes.

IMPORTANT SAFETY INFORMATION
• JUBLIA is for topical use only and is not for oral, ophthalmic, or intravaginal use.
• Patients should be instructed to contact their health care professional if a reaction suggesting sensitivity or severe irritation occurs.

Please see additional Important Safety Information on following page and accompanying full Prescribing Information.
Complete cure* at week 52 in all patients²,³
• STUDY 1: 18% (n=656) vs 3% in vehicle (n=214)
• STUDY 2: 15% (n=580) vs 6% in vehicle (n=201)

Mycological cure† at week 52 in all patients²,³
• STUDY 1: 55% (n=656) vs 17% in vehicle (n=214)
• STUDY 2: 53% (n=580) vs 17% in vehicle (n=201)

*Complete cure was defined as 0% involvement of the target toenail in addition to mycological cure.
†Mycological cure was defined as negative fungal culture and a negative KOH examination of the target toenail.

Study Design: In 2 identical, multicenter, randomized, parallel-group, double-blind, vehicle-controlled studies, patients with mild to moderate toenail distal lateral subungual onychomycosis (defined as 20% to 50% clinical involvement of the target toenail, without dermatophytomas or matrix [lunula] involvement) were randomized to receive efinaconazole topical solution, 10%, or vehicle for 48 weeks of treatment (P<0.001).⁵

IMPORTANT SAFETY INFORMATION (cont’d)
• The most common adverse reactions (incidence >1%) were (vs vehicle): ingrown toenail (2.3% vs 0.7%), application-site dermatitis (2.2% vs 0.2%), application-site vesicles (1.6% vs 0%), and application-site pain (1.1% vs 0.2%).
• JUBLIA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus, and should be used with caution in nursing women. The safety and effectiveness in pediatric patients have not been established.

To report SUSPECTED ADVERSE REACTIONS, contact the FDA at 1-800-FDA-1088 or visit fda.gov/medwatch.com.
Please see accompanying full Prescribing Information.