

SmartPA Criteria Proposal

Drug/Drug Class:	Antivirals, Topical PDL Edit
First Implementation Date:	July 10, 2014
Proposed Date:	March 18, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Cold sores, also known as fever blisters, are small sores, or blister-like lesions on the face or inside the mouth. They usually cause pain, a burning sensation, or itching before they burst and crust over. Most commonly, cold sores appear on the lips, chin, cheeks, inside the nostrils, and less frequently on the gums or the palate (roof of the mouth). The sores are caused by the herpes simplex viruses; the most common cause of sores around the mouth is herpes simplex type 1, or HSV-1. Antivirals do not eradicate the infections, but rather partially control the signs and symptoms associated with the disease. These drugs are used for treatment of initial and recurrent episodes.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> • Docosanol • Zovirax® Crm 	<ul style="list-style-type: none"> • Abreva® OTC • Acyclovir Crm/Oint • Denavir® • Sitavig® • Xerese® • Zovirax® Oint

Type of Criteria: Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit

Data Sources: Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Antiviral Agents, Topical
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period of preferred agents **OR**
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- Claim exceeds maximum dosing limitation for the following:

Drug Description	Generic Equivalent	Max Dosing Limitation
ZOVIRAX 5% CREAM	ACYCLOVIR	5g per 14 days OR 10g per 28 days

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. Evidence-Based Medicine and Fiscal Analysis: "Topical Antivirals – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; March 2021.
2. Evidence-Based Medicine Analysis: "Topical Antiviral Agents (cold sores)", UMKC-DIC; January 2021.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2021.
4. USPDI, Micromedex; 2021.
5. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.