

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Antivirals, Topical PDL Edit
<b>First Implementation Date:</b>	July 10, 2014
<b>Revised Date:</b>	July 7, 2022
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<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"> <li>• Docosanol</li> <li>• Zovirax® Crm</li> </ul>	<ul style="list-style-type: none"> <li>• Abreva® OTC</li> <li>• Acyclovir Crm/Oint</li> <li>• Denavir®</li> <li>• Sitavig®</li> <li>• Xerese®</li> <li>• Zovirax® Oint</li> </ul>

- 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: Antivirals, 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	5 g per 14 days OR 10 g 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

- Evidence-Based Medicine and Fiscal Analysis: "Topical Antivirals – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2022.
- Evidence-Based Medicine Analysis: "Topical Antiviral Agents", UMKC-DIC; January 2022.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.