

Pharmacy Services

(800) 522-0114, option 4

October 30, 2017

Dear SoonerCare Provider,

The purpose of this fax is to provide updates regarding coverage of topical medications used to treat herpes simplex virus (HSV) and acyclovir 200mg/mL suspension (Zovirax®). The Centers for Disease Control and Prevention (CDC) treatment guidelines for genital HSV discourage the use of topical therapy as it offers minimal clinical benefit. The CDC indicates oral antiviral medications (acyclovir, valacyclovir, and famciclovir) provide clinical benefit for genital herpes.¹

Effective November 13, 2017, acyclovir 5% ointment (Zovirax®), Xerese® (acyclovir/hydrocortisone 5%/1% cream), and Denavir® (penciclovir 1% cream) will require prior authorization. Additionally, acyclovir 200mg/mL suspension (Zovirax®) will have an age restriction implemented.

Acyclovir 5% Ointment (Zovirax®) Approval Criteria:

1. An FDA approved indication of management of initial genital herpes or in limited non-life-threatening mucocutaneous herpes simplex virus (HSV) infections in immunocompromised patients; and
2. A patient-specific, clinically significant reason why the member cannot use oral acyclovir, famciclovir, or valacyclovir tablets.

Sitavig® (Acyclovir Buccal Tablets), Xerese® (Acyclovir/Hydrocortisone 5%/1% Cream), and Denavir® (Penciclovir 1% Cream) Approval Criteria:

1. An FDA approved diagnosis of recurrent herpes labialis (cold sores); and
2. A patient-specific, clinically significant reason why the member cannot use oral acyclovir, famciclovir, or valacyclovir tablets.

Acyclovir 200mg/5mL Suspension (Zovirax®) Approval Criteria:

1. An age restriction of seven years and younger will apply. Members older than seven years of age will require a patient-specific, clinically significant reason why a special formulation product is needed.

Members currently taking acyclovir 5% ointment (Zovirax®), Xerese® (acyclovir/hydrocortisone 5%/1% cream), Denavir® (penciclovir 1% cream), or acyclovir 200mg/mL suspension (Zovirax®) will **not** be “grandfathered.” If a member requires use of one of these products, prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services. Prior authorization request forms can be found online at www.okhca.org/forms (PHARM-04). Updated versions of the prior authorization criteria for the topical medications used to treat herpes simplex virus (HSV) and acyclovir 200mg/mL suspension (Zovirax®) can be downloaded from www.okhca.org/pa, by selecting “Anti-Infectives” then selecting “Special Formulations.”

Thank you for the services you provide to Oklahomans insured by SoonerCare!

¹ Centers for Disease Control and Prevention (CDC). 2015 Sexually Transmitted Diseases Treatment Guidelines: Genital HSV Infections. Available online at: <https://www.cdc.gov/std/tg2015/herpes.htm>. Last revised 06/08/2015. Last accessed 10/03/2017.