



Pharmacy Drug Policy & Procedure

Policy Name:	Denavir (penciclovir cream) Step-Edit	Policy#:	1953P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Denavir and penciclovir cream.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Denavir or penciclovir cream under the pharmacy benefit if the following criteria are met.

Criteria

1. Denavir (penciclovir cream) Step-Edit

- 1.1 A previous paid claim at the pharmacy for topical acyclovir (applied to the skin)
- 1.2 Provide can submit medical chart documentation of previous trial and failure with topical acyclovir

2. Approval Period

- 2.1 12 months

CPT Codes

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HCPCS Codes

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References

1. Denavir (penciclovir) [prescribing information]. Morgantown, WV: Mylan Pharmaceuticals; November 2018.
2. Workowski KA, Bolan GA, Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2015. MMWR Recomm Rep 2015; 64:1.
3. UpToDate. Treatment and prevention of herpes simplex virus type 1 in immunocompetent adolescents and adults. Anna Wald, MD, MPH, Christine Johnston, MD, MPH. last updated: Oct 12, 2020.
4. Spruance SL, Rea TL, Thoming C, et al. Penciclovir cream for the treatment of herpes simplex labialis. A randomized, multicenter, double-blind, placebo-controlled trial. Topical Penciclovir Collaborative Study Group. JAMA, 1997; 277(17):1374-1379.
5. Spruance SL, Nett R, Marbury T, et al. Acyclovir cream for treatment of herpes simplex labialis: results of two randomized, double-blind, vehicle-controlled, multicenter clinical trials. Antimicrob Agents Chemother 2002; 46:2238.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.