

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Penciclovir 1% cream (Denavir)

Notes:

- Quantity Limits: No
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **penciclovir 1% cream (Denavir)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of herpes labialis (cold sores)
- Patient has failed an adequate trial of or patient has an allergy or intolerance* to the following medications:
 - Docosanol 10% topical cream
 - Acyclovir 5% topical ointment
 - Valacyclovir
 - Acyclovir