

# Denavir (penciclovir)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Denavir (penciclovir) 1% cream	5 grams per fill; 1 fill per 30 days

## **APPROVAL CRITERIA**

Requests for Denavir (penciclovir) may be approved when the following criteria are met:

- I. Individual is immunocompetent; **AND**
- II. Individual has been diagnosed with recurrent herpes labialis (cold sores); **AND**
- III. Individual has had a previous trial with one preferred\* oral antiviral agent.

\***Preferred oral antiviral agents**: acyclovir, famciclovir, valacyclovir

State Specific Mandates		
N/A	N/A	N/A

## **Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2015. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed April 21, 2015.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2015; Updated periodically.