

Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2020

Prior Authorization: Xerese

Products Affected: Xerese (acyclovir/hydrocortisone) topical cream

Medication Description:

Xerese, a combination of acyclovir, a herpes simplex virus nucleoside analog DNA polymerase inhibitor, and hydrocortisone, a corticosteroid, is indicated for the early treatment of recurrent herpes labialis (cold sores) to reduce the likelihood of ulcerative cold sores and to shorten the lesion healing time in adults and children.

Covered Uses: Early treatment of recurrent herpes labialis to reduce occurrence of ulcerative cold sores and to shorten healing time in adults and children 6 years or older

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: 6 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

1. Patient has a diagnosis of recurrent herpes simplex labialis; AND
2. Patient has a documented intolerance, contraindication, or treatment failure with an adequate trial of acyclovir ointment; AND
3. Patient has a documented intolerance, contraindication, or treatment failure with, an adequate trial of oral valacyclovir OR acyclovir tablets.

References:

1. Product Information: VALTREX(R) oral caplets, valacyclovir hcl oral caplets. GlaxoSmithKline, Research Triangle Park, NC, 2008.

Policy Revision history

| Rev # | Type of Change | Summary of Change | Sections Affected | Date |
|--------------|-----------------------|--------------------------|--------------------------|-------------|
| 1 | New Policy | New Policy | All | 10/15/2019 |