

Antivirals for Herpes Simplex Virus

Goal(s):

- Cover oral and/or topical antivirals only for funded diagnoses. HSV infections are funded only when complicated by an immunocompromised host.
- Support individual review under the EPSDT benefit.

Length of Authorization:

- Up to 12 months (criteria specific)

Requires PA:

- Non-preferred drugs

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Will the prescriber consider a change to a preferred product? <u>Message:</u> <ul style="list-style-type: none"> • Preferred products do not require a PA. • Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee. 	Yes: Inform prescriber of covered alternatives in class.	No: Go to #3
3. Is the diagnosis uncomplicated herpes simplex virus infection?	Yes: Go to #4	No: Go to #6
4. Pass to RPh: Is the patient immunocompromised (document ICD10 code)? Examples: <ul style="list-style-type: none"> • Diagnosis of cancer AND currently undergoing chemotherapy or radiation. Document therapy and length of treatment. • Solid organ transplant • HIV/AIDS 	Yes: Approve for up to 12 months	No: Go to #5

Approval Criteria

<p>5. Is the patient currently taking an immunosuppressive drug?</p> <p>Document name of drug. If is drug not in the list below, pass to RPh for evaluation. Immunosuppressive drugs include, but are not limited to:</p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #f2f2f2;"> <thead> <tr style="background-color: #003366; color: white;"> <th colspan="2" style="padding: 2px;">Immunosuppressants</th> </tr> </thead> <tbody> <tr><td style="padding: 2px;">Abatacept</td><td style="padding: 2px;">Infliximab</td></tr> <tr><td style="padding: 2px;">Adalimumab</td><td style="padding: 2px;">Leflunomide</td></tr> <tr><td style="padding: 2px;">Anakinra</td><td style="padding: 2px;">Methotrexate</td></tr> <tr><td style="padding: 2px;">Apremilast</td><td style="padding: 2px;">Natalizumab</td></tr> <tr><td style="padding: 2px;">Azathioprine</td><td style="padding: 2px;">Rituximab</td></tr> <tr><td style="padding: 2px;">Basiliximab</td><td style="padding: 2px;">Secukinumab</td></tr> <tr><td style="padding: 2px;">Certolizumab pegol</td><td style="padding: 2px;">Sirolimus</td></tr> <tr><td style="padding: 2px;">Cyclosporine</td><td style="padding: 2px;">Tacrolimus</td></tr> <tr><td style="padding: 2px;">Etanercept</td><td style="padding: 2px;">Tocilizumab</td></tr> <tr><td style="padding: 2px;">Golimumab</td><td style="padding: 2px;">Tofacitinib</td></tr> <tr><td style="padding: 2px;">Hydroxychloroquine</td><td style="padding: 2px;">Ustekinumab</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;">Vedolizumab</td></tr> </tbody> </table>	Immunosuppressants		Abatacept	Infliximab	Adalimumab	Leflunomide	Anakinra	Methotrexate	Apremilast	Natalizumab	Azathioprine	Rituximab	Basiliximab	Secukinumab	Certolizumab pegol	Sirolimus	Cyclosporine	Tacrolimus	Etanercept	Tocilizumab	Golimumab	Tofacitinib	Hydroxychloroquine	Ustekinumab		Vedolizumab	<p>Yes: Approve for up to 90 days</p>	<p>No: Pass to RPh. Go to #6.</p>
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<p>6. RPh only: All other indications need to be evaluated as to whether they are an OHP-funded condition.</p> <p>Note: Viral ICD-10 codes that do not appear on the OHP funding list pending a more specific diagnosis code should be treated as not funded by the OHP.</p>	<p>If funded and clinic provides supporting literature, approve for length of therapy or 3 months whichever is less.</p> <p>Note: deny non-viral diagnoses (medical appropriateness)</p>	<p>Non-funded and current age \geq 21 years: Deny; not funded by the OHP.</p> <p>Non-funded current age $<$ 21 years: Go to #7.</p>																										
<p>7. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?</p>	<p>Yes: If clinic provides supporting literature, approve for length of therapy or 3 months whichever is less.</p> <p>Note: deny non-viral diagnoses (medical appropriateness)</p>	<p>No: Pass to RPh. Deny; medical necessity.</p>																										

P&T Review: 9/19 (KS), 7/16 (KS); 1/14; 1/12; 9/10 (KS)
 Implementation: 8/16; 1/1/11