CEDAC FINAL RECOMMENDATION on RECONSIDERATION and
REASONS for RECOMMENDATION

PENCICLOVIR
(Denavir™ - Novartis Consumer Health Canada Inc.)

Description:
Penciclovir, a substituted guanine analogue with selective activity against herpes simplex virus, is approved for the treatment of recurrent herpes labialis (cold sores) in adults.

Dosage Forms:
Topical cream containing penciclovir 1%. The recommended dosage is application every two hours, while awake, for a total of four days.

Recommendation:
The Canadian Expert Drug Advisory Committee (CEDAC) recommends that penciclovir not be listed.

Reasons for the Recommendation:
1. While penciclovir use is associated with statistically significant improvements compared with placebo for a variety of outcomes in patients with recurrent herpes labialis, the clinical significance of the small differences noted is uncertain.

2. There have been no randomized controlled trials (RCTs) comparing penciclovir with other approved treatments for recurrent herpetic labialis and there is no evidence that penciclovir offers a therapeutic advantage over these agents. Penciclovir costs $14.32 per g which is more expensive than acyclovir cream ($4.23 per g) and similar in cost to a single course of valacyclovir 2000 mg orally twice daily for one day ($25.96).

Summary of Committee Considerations:
The Committee considered a systematic review of RCTs in adults with symptoms of recurrent herpes labialis. No trials comparing penciclovir with other approved antivirals qualified for the review. Three double-blind, placebo controlled RCTs in a total of 5,748 subjects met the inclusion criteria for the systematic review. Compared to placebo, the following statistically significant differences were reported in favour of penciclovir:

- median time to healing of the herpes simplex lesion (8.0 vs 7.0 days, reported in one RCT),
- median time to loss of the herpes simplex lesion (6.0 vs 5.0 days, reported in each of two RCTs; 8.0 vs 7.0 days, reported in one RCT),
- median time to loss of pain (4.1 vs 3.5 days and 3.5 vs 3.0 days in two RCTs),
- median time to cessation of viral shedding (4.0 vs 3.0 days, reported in each of two RCTs).
Penciclovir therapy is well tolerated and there were no significant differences in adverse events between the penciclovir and placebo groups in any of the RCTs. The most frequently reported adverse event was local irritation at the site of application.

**Of Note:**
1. Both published and unpublished data were reviewed and taken into consideration in making this recommendation.

**Background:**
CEDAC provides formulary listing recommendations to publicly funded drug plans. Recommendations are based on an evidence-based review of the medication’s effectiveness and safety and an assessment of its cost-effectiveness in comparison to other available treatment options. For example, if a new medication is more expensive than other treatments, the Committee considers whether any advantages of the new medication justify the higher price. If the recommendation is not to list a drug, the Committee has concerns regarding the balance between benefit and harm for the medication, and/or concerns about whether the medication provides good value for public drug plans.