

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Zovirax (acyclovir) Topical Agents

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Zovirax (acyclovir) 5% cream	5 grams per 30 days
Zovirax (acyclovir) 5% ointment	30 grams per 30 days

APPROVAL CRITERIA

Requests for Zovirax (acyclovir) cream 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 (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred oral antiviral agent (acyclovir or valacyclovir or famciclovir); **AND**
- IV. Individual has had a previous trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to Abreva (docosanol).

Requests for Zovirax (acyclovir) ointment may be approved when the following criteria are met:

- I. Individual has been diagnosed with an initial genital herpes infection; **AND**
- II. Individual has had a previous trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred oral antiviral agent (acyclovir or valacyclovir or famciclovir);

OR

- III. Individual is immunocompromised; **AND**
- IV. Individual has been diagnosed with limited non-life-threatening mucocutaneous herpes simplex virus infection; **AND**
- V. Individual has had a previous trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred oral antiviral agent (acyclovir or valacyclovir or famciclovir).

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. 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: July 10, 2018.

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

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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