

Zovirax (acyclovir) topical Policy Number: C4349-A

CRITERIA EFFECTIVE DATES:

| ORIGINAL EFFECTIVE DATE | LAST REVIEWED DATE | NEXT REVIEW DATE |
|-------------------------|--------------------|-------------------|
| 4/1/2012 | 1/1/2019 | 1/1/2020 |
| J CODE | TYPE OF CRITERIA | LAST P&T APPROVAL |
| J3490 (NOC) | RxPA | Q2 2019 |

PRODUCTS AFFECTED:

Zovirax cream 5%, Zovirax ointment 5%, Acyclovir ointment 5%

DRUG CLASS: Antivirals - Topical

ROUTE OF ADMINISTRATION:

PLACE OF SERVICE:

Retail Pharmacy

AVAILABLE DOSAGE FORMS:

Zovirax cream 5%, Zovirax ointment 5%, Acyclovir ointment 5%

FDA-APPROVED USES: indicated for the treatment of recurrent herpes labialis (cold sores) in immunocompetent adults and adolescents 12 years of age and older

COMPENDIAL APPROVED OFF-LABELED USES: None

COVERAGE CRITERIA: INITIAL AUTHORIZATION

DIAGNOSIS: herpes labialis

REQUIRED MEDICAL INFORMATION:

A. HERPES LABIALIS:

- Documentation of a failure of or an intolerance to TWO of the following treatments with ORAL acyclovir, valacyclovir, or famciclovir AND
- 2. Documentation of a failure of or an intolerance to treatment with formulary Abreva

DURATION OF APPROVAL: Initial authorization: 28 days, Continuation of therapy: NA

QUANTITY: None

PRESCRIBER REQUIREMENTS: None

AGE RESTRICTIONS: 12 years of age and older

GENDER:

Male and female

Prior Authorization Criteria



CONTINUATION OF THERAPY: NA

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION: All other uses of Zovirax (acyclovir) topical are considered experimental/investigational and therefore, will follow Molina's Off-Label policy.

OTHER SPECIAL CONSIDERATIONS: None

BACKGROUND:

Zovirax ointment is indicated for the initial treatment of genital herpes and in limited non-life-threatening mucocutaneous herpes simplex virus infections in immunocompromised patients. There has been no evidence of clinical benefit seen with the use of Zovirax ointment in treatment of herpes labialis in immunocompetent patients or in treatment of recurrent genital herpes infections.

APPENDIX: None

REFERENCES:

- 1. Zovirax prescribing information. Prestium Pharma, Inc. Newtown, PA. February 2014.
- 2. Zovirax ointment prescribing information. Valeant Pharmaceuticals North America LLA. Bridgewater, NJ. January 2017.