blue 🗑 of california

Topical antiviral agents

Applies To:

acyclovir cream (ZOVIRAX) DENAVIR cream (penciclovir), ZOVIRAX cream (acyclovir), XERESE cream (acyclovir/hydrocortisone)

Diagnosis Considered for Coverage:

• Herpes labialis (cold sores)

Coverage Criteria:

For diagnosis listed above:

• Patient has inadequate response or intolerable side effect to ONE preferred oral agent including: oral acyclovir, oral famciclovir, and oral valacyclovir.

Coverage Duration: One tube, one time

Effective Date: 5/31/2023