

## acyclovir ointment (ZOVIRAX)

### Diagnosis Considered for Coverage:

- Genital herpes
- Herpes simplex mucocutaneous (mouth, nasal, genital, rectal) in immunocompromised patient
- Herpes zoster (shingles) in immunocompromised patient

### Coverage Criteria:

#### For diagnoses listed above:

- Inadequate response or intolerable side effect to one oral antiviral agent (e.g. oral acyclovir, oral famciclovir, oral valacyclovir) or contraindication to all oral agents.

### Coverage Duration: One tube, one time

Effective Date: 5/31/2023