

Criteria Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Acyclovir Cream

Non-formulary **acyclovir cream** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has diagnosis of recurrent herpes labialis (cold sores).

-AND-

- Has documented trial and failure, or intolerance to systemic acyclovir [oral (taken by mouth) or IV (through a vein)], systemic valacyclovir [oral or IV] and acyclovir 5% ointment.