Non-formulary penciclovir 1% cream (Denavir) will be covered on the prescription drug benefit when the following are met.

Criteria for new therapy coverage and stable or new member coverage

- Diagnosis of Herpes labialis (cold sores) -AND-
- Patient is at least 12 years old -AND-
- History of failure, contraindication or intolerance to:
  
  a. Both of the following topical (applied to the skin) antivirals:
     - docosanol 10% (Abreva)
     - acyclovir 5% (Zovirax) -AND-
  b. At least two of the following oral (by mouth) antivirals:
     - famciclovir (Famvir)
     - alacyclovir (Valtrex)
     - acyclovir (Zovirax)