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

- Patient has diagnosis of mucocutaneous [orolabial (such as a cold sore on the lips), anal, genital, skin] Herpes Simplex Virus (HSV) infections
  -AND-
- Has documented trial and failure, or intolerance to systemic acyclovir [oral (taken by mouth) or IV (through a vein)] and systemic valacyclovir [oral or IV].

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 (also criteria-based, requiring prior authorization).