OVERVIEW
Infection with the herpes simplex virus, commonly known as herpes, can be due to either herpes simplex virus type 1 (HSV-1) or herpes simplex virus type 2 (HSV-2).\(^1\)\(^2\) HSV-1 is mainly transmitted by oral-to-oral contact and causes infections in and around the mouth (oral herpes); it can also cause genital herpes. Genital herpes is more commonly caused by HSV-2, which is transmitted via sexual contact.

Herpes labialis (cold sores, fever blisters) is a common condition caused by HSV-1; it is highly contagious.\(^1\)\(^3\) The average incidence is 1.6 per 1,000 persons per year and its prevalence is 2.5 per 1,000 persons per year.\(^3\) Approximately one-third of all infected patients experience relapses. Recurrent episodes of herpes labialis can be painful, long-lasting, and disfiguring.\(^3\)\(^4\) The prodrome is associated with itching, burning, and/or paresthesia.\(^3\)\(^4\) Clinical progression is characterized by the development of a vesicle, pustulation, ulceration, and eventual scabbing of the vesicle. This condition is typically self-limiting; many patients do not require or use treatment. However, if pharmacologic therapy is desired, it is important to initiate therapy as soon as possible. Topical antiviral medications can be helpful in the treatment of herpes labialis.

Genital herpes is a chronic, life-long viral infection.\(^1\)\(^2\) It was estimated that in 2012, 140 million people aged 15 to 49 years have genital HSV-1 infection and 417 million people have genital HSV-2 infection worldwide.\(^1\) Patients with genital herpes are often asymptomatic or their symptoms are mild.\(^1\)\(^2\) Symptoms often include fever, body aches, swollen nodes, and one or more genital or anal blisters or open sores/ulcers. Recurrent symptoms are common but they tend to be less severe than the first outbreak and frequency of outbreaks tends to decrease over time. Prompt treatment is imperative in genital herpes. Systemic antiviral drugs are used to treat first clinical and recurrent episodes and in some cases, as daily suppressive therapy.\(^2\)

Zovirax cream is indicated for the treatment of recurrent herpes labialis (cold sores) in immunocompetent adults and adolescents 12 years of age and older. Acyclovir 5% ointment (Zovirax, generics) is indicated in the management of initial genital herpes and in limited non-life-threatening mucocutaneous herpes simplex virus infections in immunocompromised patients.

POLICY STATEMENT
This policy involves the use of Zovirax 5% cream and Acyclovir 5% ointment (Zovirax, generics). Prior authorization is recommended for pharmacy benefit coverage of Zovirax 5% cream and Acyclovir 5% ointment. Approval is recommended for those who meet the conditions of coverage in the Criteria and Initial/Extended Approval for the diagnosis provided.
Conditions Not Recommended for Approval are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Zovirax 5% cream and Acyclovir 5% ointment as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Zovirax 5% cream and Acyclovir 5% ointment be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

RECOMMENDED AUTHORIZATION CRITERIA
I. Coverage of Acyclovir 5% cream (Zovirax 5% cream, generics) is recommended in those who meet the following criterion:

FDA-Approved Indication

1. Herpes Labialis (Cold Sores) in Immunocompetent Adults and Adolescents ≥ 12 Years of Age.

   Acyclovir 5% cream is indicated for the treatment of recurrent herpes labialis (cold sores) in immunocompetent adults and adolescents ≥ 12 years of age. Therapy should be initiated as early as possible following the onset of signs and/or symptoms of herpes labialis (i.e., during the prodrome or when lesions appear).

   Initial Approval/ Extended Approval.
   A) Initial Approval: 1 year (365 days)
   B) Extended Approval: 1 year (365 days)

II. Coverage of acyclovir 5% ointment (Zovirax 5% ointment, generics) is recommended in those who meet the following criteria:

FDA-Approved Indications

1. Genital Herpes. Approve. If the request is for brand Zovirax 5% ointment, the patient is required to have tried generic acyclovir 5% ointment prior to approval.

2. Limited Non-Life-Threatening Mucocutaneous Herpes Simplex Virus Infections in Immunocompromised Patients. Approve. If the request is for brand Zovirax 5% ointment, the patient is required to have tried generic acyclovir 5% ointment prior to approval.

   Acyclovir 5% ointment is available as a branded product (Zovirax) and as a generic product. Acyclovir 5% ointment (Zovirax, generics) is indicated for the management of initial genital herpes and in limited non-life-threatening mucocutaneous herpes simplex virus infections in immunocompromised patients. Therapy should be initiated as early as possible following onset of signs and/or symptoms.
Drug Policy

Initial Approval/ Extended Approval.
A) Initial Approval: 1 year (365 days)
B) Extended Approval: 1 year (365 days)

CONDITIONS NOT RECOMMENDED FOR APPROVAL
Acyclovir 5% cream (Zovirax cream, generics) and acyclovir 5% ointment (Zovirax ointment, generics) has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. Shingles. Shingles is a viral infection caused by the varicella-zoster virus, the same virus that causes chickenpox.\(^7,8\) Published information on the treatment of shingles from the Centers for Disease Control and Prevention (CDC) and the National Institute of Health (NIH), National Institute of Neurological Disorders and Stroke (NINDS) cite the use of oral antivirals (acyclovir capsules/tablets/suspension [Zovirax, generics], famciclovir tablets [Famvir\textsuperscript{®}, generics], and valacyclovir caplets [Valtrex\textsuperscript{®}, generics]) to speed healing and reduce the risk of complications. The CDC and NIH, NINDS do not list topical antivirals as treatment options for shingles.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES