



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2020 P 3037-9
Program	Step Therapy
Medication	Acyclovir ointment (Zovirax*)
P&T Approval Date	8/2014, 7/2015, 7/2016, 8/2017, 9/2018, 9/2019, 10/2020
Effective Date	2/1/2021; Oxford only: N/A

**1. Background:**

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try two alternative oral antiviral medications before providing coverage for acyclovir ointment.

If a member has a prescription in the claims history within the previous 12 months for two alternative oral antiviral medications, the claim for acyclovir ointment will automatically process.

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. Acyclovir ointment (Zovirax*)</b> will be approved based on the following criterion:</p> <ol style="list-style-type: none"><li>History of failure, contraindication or intolerance to <b>two</b> of the following oral antiviral medications:<ol style="list-style-type: none"><li>acyclovir (Zovirax)</li><li>famciclovir</li><li>valacyclovir (Valtrex)</li></ol></li></ol> <p><b>Authorization will be issued for 12 months.</b></p> <p><sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>
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\*Applies to brand and generic acyclovir ointment. Brand Zovirax ointment is typically excluded from coverage.

**3. Additional Clinical Rules:**

- Supply limits and/or Medical Necessity may be in place.
- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

**4. References:**

1. Famciclovir [package insert]. Miami, FL: Cipla USA, Inc.; June 2020.
2. Valtrex [package insert]. Research Triangle Park, NC: GlaxoSmithKline; December 2019.
3. Zovirax [package insert]. Newton, PA: Prestium Pharma, Inc.; January 2017.
4. Zovirax [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLA; January 2017.
5. Workowski KA, Bolan GA; Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2015. MMWR Recomm Rep. 2015;64(RR-03):1–137.

Program	Step Therapy – Zovirax Ointment
<b>Change Control</b>	
Date	Change
8/2014	New program.
7/2015	Annual review with administrative updates.
10/2015	Administrative update. Added Maryland Continuation of Care.
7/2016	Annual review. Added Indiana and West Virginia coverage information.
11/2016	Administrative change. Added California coverage information.
8/2017	Annual review with administrative updates. State mandate reference language updated.
9/2018	Annual review. Updated references.
9/2019	Annual review. Updated references, added automation language.
10/2020	Annual review. Updated references.