

Member Name: _____ Member ID: _____ Member DOB: _____
Drug Name: _____ Strength: _____ Directions: _____
Physician Name: _____ Physician Phone #: _____ Specialty: _____
Physician Fax #: _____ Pharmacy Name: _____ Pharmacy Phone: _____

Horizon NJ Health
Zovirax Ointment – Medical Necessity Request

Diagnosis Information (please select diagnosis and provide requested information below the diagnosis):

Genital Herpes

a. Is this an initial episode? **Yes** or **No**

b. Has the member already tried oral antiviral agents (e.g., acyclovir, valcyclovir, famciclovir)?

Yes: Please provide the name of the oral antiviral agent(s) the member has received and the reason it was stopped:

_____ **No** - Can member try oral antiviral agent first?

Yes: Please call prescription into the member's pharmacy.

No: Please provide the clinical reason why an oral antiviral agent cannot be tried.

Herpes Labialis (Cold Sore). *Please note: Zovirax Ointment is not indicated for the treatment of Herpes Labialis.*

a. Has the member already tried Abreva? **Yes** or **No**

- If **No**, would the physician consider prescribing Abreva instead? **Yes** or **No**

- If yes, please call prescription for Abreva in to the pharmacy – prior authorization is not needed.

- If no, why not? _____

- If **Yes**, would the physician consider prescribing Denavir? **Yes** or **No**

- If yes, please call prescription for Denavir in to the pharmacy – HNJH will enter a prior authorization.

- If no, why not? _____

Other: _____

- What is the affected area? _____

Please also answer the following question:

Is the member immunocompromised (e.g., HIV/AIDS, organ transplant)? **Yes** or **No**

- If yes, please describe the condition or situation that causes the member to be immunocompromised.

- If yes, is this a life-threatening episode? **Yes** or **No**

o If yes, please describe how this is a life-threatening episode:

Physician office's signature* _____ Print Name _____

*Form must be completed and signed by physician or licensed representative from the physician's office.