HERPES LABIALIS (COLD SORE) TREATMENT PROTOCOL
Pharmacy Assessment Protocol

ELIGIBILITY FOR SERVICE
Patients who meet the following criteria are eligible for treatment:

- Age 12 years and older
- Reports a previous diagnosis of cold sores
- Reports one or more of the following symptoms:
    - Itching, burning, tingling sensation around the mouth
    - Small fluid filled vesicles present on the mouth

Patients who meet any of the following criteria should be referred for further medical evaluation:

- Immunocompromised
- Patients presenting with symptoms of acute illness: fever, sore throat, malaise
- History of renal impairment
- Lesions that are excessively red, swollen, or contain pus
- Lesions that on areas other than the mouth and lips

PRESCRIBING
The pharmacist shall identify any precautions or contraindications to therapy and then prescribe the most appropriate treatment:

Episodic Oral Treatment: Recurrence of cold sores

MEDICATION	Dose	Duration
Acyclovir	400 mg by mouth three times daily	5 days
Valacyclovir	2 grams by mouth two times daily	1 days
Famciclovir	1500 mg by mouth once	1 dose

Episodic Topical Treatment: Recurrence of cold sores

MEDICATION	Dose	Duration
Acyclovir cream	Apply five times per day	4 days
Docosanol cream	Apply five times per day	Until lesions healed
Penciclovir cream	Apply every two hours while awake	4 days

FOLLOW-UP
The patient should be instructed to contact the pharmacy if symptoms do not improve or if symptoms worsen, so the pharmacist can refer the patient for further medical evaluation. If a prescription is provided, and a primary care provider is identified, the pharmacy will notify the provider of record within three business days following the patient encounter.

Opstelten W, Neven AK, Eekhof J. Treatment and prevention of herpes labialis. Can Fam Physician. 2008 Dec;54(12):1683-7.
Usatine Rp, Tinitgaaaa R. Nongenital herpes simplex virus. Am Fam Physician. 2010;82(9):1075-1082.