



Missouri Pharmacy Program – Preferred Drug List



Topical Antiviral Agents

Effective 03/20/2014

Revised 07/09/2015

Preferred Agents

- Abreva OTC
- Zovirax® Cream

Non-Preferred Agents

- Acyclovir Oint
- Denavir®
- Xerese®
- Zovirax® Oint

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none"> • Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents <ul style="list-style-type: none"> ○ Documented trial period for preferred agents ○ Documented ADE/ADR to preferred agents 	Lack of adequate trial on required preferred agents
<ul style="list-style-type: none"> • Documented compliance on current therapy regimen 	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030