



## Missouri Pharmacy Program – Preferred Drug List



### Antivirals – Topical

Effective 03/20/2014

Revised 07/11/2019

#### Preferred Agents

- **Docosanol**
- Zovirax® Crm

#### Non-Preferred Agents

- **Abreva® OTC**
- Acyclovir Crm
- Acyclovir Oint
- Denavir®
- Xerese®
- Zovirax® Oint

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
- Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

### Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030