



Missouri Pharmacy Program – Preferred Drug List



Antivirals – Topical

Effective 03/20/2014

Revised 07/12/2018

Preferred Agents

- Abreva OTC
- Zovirax® Cream

Non-Preferred Agents

- Acyclovir Ointment
- Denavir®
- Xerese®
- Zovirax® Ointment

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