



## Missouri Pharmacy Program – Preferred Drug List



### Herpes Antivirals

**Effective 05/23/2007**

Revised 01/05/2012

#### Preferred Agents

- Valtrex®
- Famvir®
- Acyclovir Suspension
- Acyclovir Tabs

#### Non-Preferred Agents

- Zovirax® Suspension
- Zovirax® Tabs
- Fanciclovir
- Valacyclovir

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030