GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIVIRALS, TOPICAL PA SUMMARY

Preferred	Non-Preferred
Zovirax (acyclovir 5% cream)	Acyclovir 5% ointment generic Denavir (penciclovir cream) Xerese (acyclovir 5%/hydrocortisone 1% cream)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Acyclovir 5% Ointment Generic
  ❖ Approvable for members 18 years of age or older with a diagnosis of recurrent herpes genitalis who have experienced ineffectiveness or are unable to take oral antiviral therapy, or who are immunocompromised.
  ❖ For members 18 years of age or older with a diagnosis of recurrent herpes labialis, prescriber must submit a written letter of medical necessity stating the reason the preferred product, Zovirax 5% cream, is not appropriate for the member.

Denavir
  ❖ Approvable for members 12 years of age or older with a diagnosis of recurrent herpes labialis who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to Zovirax 5% cream.

Xerese
  ❖ For members 6 years of age or older with a diagnosis of recurrent herpes labialis, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Zovirax 5% cream and hydrocortisone 1% cream (as two separate products), are not appropriate for the member.

EXCEPTIONS:
  ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
  ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827.**

PREFERRED DRUG LIST:
  ❖ For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:
  ❖ For online access to the PA process, please go to http://dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

Revised 06/17/2019

❖ For online access to the Quantity Level Limits (QLL), please go to https://www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.