



**GEORGIA MEDICAID FEE-FOR-SERVICE
TOPICAL ANTIVIRAL DRUGS PA SUMMARY**

Preferred	Non-Preferred
Acyclovir capsules, suspension, tablets generic Famciclovir generic Valacyclovir generic Zovirax (acyclovir 5% cream)	Acyclovir 5% ointment generic Denavir (penciclovir cream) Sitavig (acyclovir buccal) Xerese (acyclovir 5%/hydrocortisone 1% cream)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For 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.

For Denavir cream

- ❖ Approvable for members 12 years of age or older with a diagnosis of recurrent herpes labialis who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Zovirax 5% cream.

For Sitavig

- ❖ For members 18 years of age and older with a diagnosis of recurrent herpes labialis, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, oral acyclovir, famciclovir, valacyclovir AND Zovirax 5% cream, are not appropriate for the member.

For Xerese

- ❖ For members 6 years of age and 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:

- ❖ 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.