

Sitavig (acyclovir buccal tablet)
Effective 12/01/2021

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029	
Exceptions	N/A			

Overview

Sitavig is indicated for the treatment of recurrent herpes labialis (cold sores) in immunocompetent adults

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Sitavig excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members meeting the following criteria and documentation is provided:

1. The medication is being prescribed for the treatment of recurrent herpes labialis (cold sores) in an immunocompetent adult
2. The member has experienced inadequate treatment, intolerance or contraindication to a generic oral antiviral medication (e.g. acyclovir, famciclovir, valcyclovir)

Continuation of Therapy

Reauthorization may be granted for continued treatment when all initial criteria is met.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Sitavig [package insert]. Charleston, SC: EPI Health, LLC; December, 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed December 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed December 2020.

4. Cernik C, Gallina K et al. The Treatment of Herpes Simplex Infections – An Evidence-Based Review. Arch Intern Med. 2008; 168(11):1137-1144.
5. Usatine RP, Tinitigan R. Nongenital Herpes Simplex Virus. Am Fam Physician. 2010; 82(9):1075-1082

Review History

09/22/2021 – Created and Reviewed September P&T; switched from CVS standard criteria to custom criteria; references updated; overview updated. Effective 12/01/2021.

11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.

