

Sitavig (acyclovir buccal tablet)
Effective 03/01/2023

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations			
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
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 AllWays Health Partners 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. Effective 03/01/2023

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