

SITAVIG (acyclovir)

Diagnosis Considered for Coverage:
<ul style="list-style-type: none">• Recurrent herpes labialis (cold sores) in immunocompetent adults
Coverage Criteria:
For diagnosis listed above: <ul style="list-style-type: none">• Inadequate response or intolerable side effect with two anti-viral therapies including: oral acyclovir, oral famciclovir, oral valacyclovir, and topical acyclovir ointment, and• Dose does not exceed FDA approved dosing
Coverage Duration: one time

Effective Date: 5/31/2023