

Effective Date: 03/01/2021
Reviewed: 12/2020, 5/2021, 3/2022
Scope: Medicaid

## Acyclovir suspension

### POLICY

#### I. CRITERIA FOR APPROVAL

An authorization of 6 months may be granted when all the following criteria are met:

- A. Member is 9 years of age or older, **AND**
- B. Member has documented medical rationale submitted for why the member cannot swallow acyclovir tablets

#### II. CONTINUATION OF THERAPY

Authorization of 6 months may be granted for all members who meet all initial criteria and who have documentation of a positive clinical response.

#### III. COVERAGE DURATION

- 6 months