

Generic Name: Zanamivir**Preferred:** N/A**Therapeutic Class or Brand Name:** Relenza®**Non-preferred:** N/A**Applicable Drugs (if Therapeutic Class):** N/A**Date of Origin:** 2/1/2013**Date Last Reviewed / Revised:** 12/6/2018

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria 1 through II are met)

- I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis:
 - A. Diagnosis of Influenza A or B and criteria 1 and 2 are met:
 1. Treatment will be started within 2 days of diagnosis.
 2. Minimum age requirement: 7 years old.
 - B. Prophylaxis of Influenza A or B and criteria 1 through 3 are met:
 1. The patient has come in contact with or has a high risk of coming in contact with a person infected with Influenza A or B.
 2. The current influenza vaccination is contraindicated or not effective against prevalent circulating strains.
 3. Minimum age requirement: 5 years old.
- II. The patient must also be determined to be at high risk for complications from influenza by meeting one of the following criteria A through G:
 - A. Adults equal to or greater than 50 years old.
 - B. All children aged 6 through 59 months.
 - C. Residents of nursing homes and other chronic-care facilities with residents of any age who have chronic medical conditions.
 - D. Adults and children with underlying chronic medical conditions such as one of the following listed in 1 through 7:
 1. Cardiovascular disease (except isolated hypertension).
 2. Endocrine (i.e. diabetes) and chronic metabolic disorders.
 3. Kidney dysfunction and liver disorders.
 4. Blood disorders (i.e. hemoglobinopathies).
 5. Immune system problems (i.e. HIV infection; immunosuppressed by medication, chemotherapy, or radiation therapy).

- 6. Neurological or neuromuscular disorders (such as spinal cord injuries, neuromuscular disorders, cognitive dysfunction).
- 7. Morbid obesity (BMI of 40 or greater).
- E. Children and adolescents aged 6 months to 18 years on chronic aspirin therapy. These patients may be at risk for developing Reye Syndrome after influenza infection.
- F. All women who will be pregnant during the influenza season.
- G. American Indians and Alaskan Natives.

EXCLUSION CRITERIA

- Patients with underlying airways disease (such as asthma or chronic obstructive pulmonary disease) due to risk of serious bronchospasm.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Treatment: Up to 1 inhaler (5 Rotadisks or 20 inhalations) per course of therapy.
- Prophylaxis: Up to 3 inhalers (15 Rotadisks or 60 inhalations) per year.

APPROVAL LENGTH

- **Authorization:**
 - Treatment: One course of therapy.
 - Prophylaxis: Up to 30 days per year.
- **Re-Authorization:** N/A

APPENDIX

N/A

REFERENCES

1. https://www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm?s_cid=rr6703a1_w.
2. Medispan
3. http://us.gsk.com/products/assets/us_relenza.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.