



## MEDICATION POLICY

**Generic Name:** Zanamivir

**Therapeutic Class or Brand Name:** Relenza®

**Applicable Drugs** (if Therapeutic Class): N/A

**Date of Origin:** 2/1/13

**Date Last Reviewed/Revised:** 10/8/16

**GPI Code:** 1250408000

### **Prior Authorization Criteria (may be considered medically necessary when criteria I 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.

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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:

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1. [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s\\_cid=rr6207a1\\_w%23PersonsAtRiskMedi calComplicationsAttributableSevereInfluenza.](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_w%23PersonsAtRiskMedi%20calComplicationsAttributableSevereInfluenza)
2. [http://blue.regence.com/trgmedpol/drugs/dru113.pdf.](http://blue.regence.com/trgmedpol/drugs/dru113.pdf)
3. [Medi-Span.](#)
4. [http://us.gsk.com/products/assets/us\\_relenza.pdf.](http://us.gsk.com/products/assets/us_relenza.pdf)

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<b>Historical Tracking Of Changes Made To Policy</b>	
10/8/2016	1. Policy reviewed: no changes made.
5/20/2015	<p>1. <b>Changed</b> “2. The current influenza vaccination is contraindicated” to “2. The current influenza vaccination is contraindicated or not effective against prevalent circulating strains” <b>under the criteria for “B. Prophylaxis of Influenza A or B” under Prior Authorization Criteria.</b></p> <p>2. <b>Changed</b> “A. Equal to or greater than 65 years old; B. All children aged 6 to 23 months; ...D. Patients aged 2 to 64 years old with underlying chronic medical conditions such as one of the following listed 1 through 7: 1. Cardiovascular disease; ...” to “A. Adults equal to or greater than 50 years old; B. All children aged 6 through 59 months; ...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); ...” <b>under “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” under Prior Authorization Criteria.</b></p> <p>3. <b>Added</b>  <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_w%23PersonsAtRiskMedicalComplicationsAttributableSevereInfluenza">“http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_w%23PersonsAtRiskMedicalComplicationsAttributableSevereInfluenza”</a> <b>under References.</b></p> <p>4. <b>Removed</b> “<a href="http://www.health.utah.gov/medicaid/pharmacy/priorauthorization/pdf/Relenza.pdf">http://www.health.utah.gov/medicaid/pharmacy/priorauthorization/pdf/Relenza.pdf</a>” <b>from References</b> (link no longer valid).</p>
1/27/2014	<p>1. <b>Adapted policy to new format.</b></p> <p>2. <b>Added GPI code.</b></p> <p>3. <b>Changed Prior Authorization Criteria from:</b>            “Documented diagnosis of one of the Covered Uses listed below AND must meet criteria listed under applicable diagnosis: *Diagnosis of Influenza A or Influenza B: Covered only for patients at high risk from diagnosed and documented disease states of: Severe cardiopulmonary conditions, Immunodeficiency, or Pregnancy and 14 days post partum; Treatment must be started within 2 days of diagnosis; Minimum age requirement: 7 years old; *Prophylaxis for Influenza A or B: Documentation must be provided that demonstrates that one other household member or residential member currently has documented Influenza A or B; Covered only for patients at high risk from diagnosed and documented disease states of: Severe cardiopulmonary conditions, Immunodeficiency, or Pregnancy and 14 days post partum; Minimum age requirement: 5 years old”  <b>to:</b>            “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; 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. Equal to or greater than 65 years old; B. All children aged 6 to 23 months; C. Residents of nursing homes and other chronic-care facilities with residents of any age who have chronic medical conditions; D. Patients aged 2 to 64 years old with underlying chronic medical conditions such as one of the following listed 1 through 7: 1. Cardiovascular disease; 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”.</p> <p>4. <b>Added</b> “Patients with underlying airways disease (such as asthma or chronic obstructive pulmonary disease) due to risk of serious bronchospasm” <b>to Exclusion Criteria.</b></p>

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<i>Historical Tracking Of Changes Made To Policy</i>	
	<ol style="list-style-type: none"><li>5. <b>Changed Other Criteria from</b> “NOTE: The term "immunodeficient" includes: HIV/AIDS or other diseases that affect the immune system; long-term radiation treatment; long-term treatment with drugs such as steroids, oncology agents, and immunosuppressive agents; or fragility due to extreme age (greater than 65 years)” <b>to</b> “N/A”.</li><li>6. <b>Changed Quantity/Days Supply Restrictions from</b> “Quantity Limit: 20 inhalations = 5 Rotadisks = 1 course of treatment” <b>to</b> “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”.</li><li>7. <b>Changed Authorization under Approval Length from</b> “One course of treatment per year” <b>to</b> “Treatment: One course of therapy; Prophylaxis: Up to 30 days per year”.</li><li>8. <b>Changed Re-Authorization under Approval Length from</b> “Same process as initial PA” <b>to</b> “N/A”.</li><li>9. <b>Updated references</b> to include Medi-Span.</li></ol>

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