Generic Name: N/A

Applicable Drugs: Tamiflu® (oseltamivir), Relenza® (zanamivir), Xofluza™ (baloxavir)

Preferred: Oseltamivir capsules (generic), Oseltamivir suspension (generic)

Non-preferred: Relenza ®, Tamiflu® capsules, Tamiflu® suspension, Xofluza™ tablet, Xofluza™ oral suspension

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 2/27/2023

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through III 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 i and ii are met:

      i. Treatment will be started within 2 days of symptom onset, except those hospitalized with influenza or with severe/progressive illness.

      ii. Minimum age requirement:

         1. Generic oseltamivir and Tamiflu: 2 weeks
         2. Relenza: 7 years
         3. Xofluza: 5 years

   B. Prophylaxis of Influenza A or B and criteria i through iii are met:

      i. 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.

      ii. The current influenza vaccination is contraindicated or not effective against prevalent circulating strains.

      iii. Minimum age requirement:

         1. Generic oseltamivir and Tamiflu: 1 year
         2. Relenza: 5 years
         3. Xofluza: 5 years

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 65 years old.

   B. All children less than 5 years of age.

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 8:

i. Chronic pulmonary diseases (i.e., asthma or chronic airway obstructive disorders).

ii. Cardiovascular disease (except isolated hypertension).

iii. Endocrine (i.e., diabetes) and chronic metabolic disorders.

iv. Kidney dysfunction and liver disorders.

v. Blood disorders (i.e., hemoglobinopathies).

vi. Immune system problems (i.e., HIV infection; immunosuppressed by medication, chemotherapy, or radiation therapy).

vii. Neurological or neuromuscular disorders (such as spinal cord injuries, neuromuscular disorders, cognitive dysfunction).

viii. 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 and who are within 2 weeks postpartum.

G. American Indians and Alaskan Natives.

III. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product (i.e., Relenza ®, Tamiflu® capsules, Tamiflu® suspension, Xofluza™ tablets, and Xofluza™ suspension), must have documented treatment failure or contraindication to the preferred product(s) (I.e., generic oseltamivir).

EXCLUSION CRITERIA

- Relenza:
  - Treatment or prophylaxis of influenza in patients with underlying airways disease (e.g., asthma or chronic obstructive pulmonary disease)
  - Prophylaxis of influenza in nursing home residents
  - History of allergy to milk proteins
- Generic oseltamivir and Tamiflu:
  - Patients with chronic kidney disease stage 5 not undergoing dialysis

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- Oseltamivir:
  - Treatment: 10 capsules (or two 60-ml bottles of suspension) per course of therapy.
  - Prophylaxis: 42 capsules (or nine 60-ml bottles of suspension) per year.
- Relenza:
  - Treatment: 1 inhaler per course of therapy.
  - Prophylaxis: 1 inhaler per year.
- Xofluza:
  - Treatment: One 80mg tablet, two 40mg tablets per course of therapy, or 40 ml oral suspension.
  - Prophylaxis: One 80mg tablet, two 40mg tablets per course of therapy, or 40 ml oral suspension per year.

Approval Length

Authorization:

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

Appendix

N/A

References

1. Grohskopf LA, Blanton LH, Ferdinands JM, et al. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices - United States, 2022-23 Influenza Season. *MMWR Recomm Rep*. 2022;71(1):1-28. doi:10.15585/mmwr.rr7101a1
2. Uyeki TM, Bernstein HH, Bradley JS, et al. Clinical practice guidelines by the Infectious Diseases Society of America: 2018 update on diagnosis, treatment, chemoprophylaxis, and institutional outbreak management of seasonal influenza. *Clin Infect Dis*. 2019;68(6):895-902. doi:10.1093/cid/ciy874

3. American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for prevention and control of influenza in children, 2022–2023. *Pediatrics*. 2022;150(4): 10.1542/peds.2022-059275
4. Relenza. Prescribing information. GlaxoSmithKline; 2021. Accessed September 10, 2022. https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Relenza/pdf/RELENZA-PI-PIL-IFU.PDF
5. Tamiflu. Prescribing information. Genentech, Inc.; 2019. Accessed September 10, 2022. https://www.gene.com/download/pdf/tamiflu_prescribing.pdf
6. Xofluza. Prescribing information. Genentech USA, Inc.; 2022. Accessed September 10, 2022. https://www.gene.com/download/pdf/xofluza_prescribing.pdf