Anti-Influenza Agents Quantity Limit Program Summary

This program applies to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx formularies.

This is a FlexRx Standard and GenRx Standard program.

FDA APPROVED INDICATIONS[1,2, 4]

Agent(s)	Indication(s)

Relenza®
(zanamivir)
 	
Oral inhalation powder
	Treatment of uncomplicated acute illness due to influenza type A and B infections in adult and pediatric patients aged 7 years and older who have been symptomatic for no more than 2 days.
	
	Prophylaxis of influenza in patients aged 5 years and older.
	
	Important limitations on use of zanamivir:
	• Not a substitute for annual influenza vaccination
	• Consider available information on influenza susceptibility patterns and treatment effects when deciding whether to use zanamivir
	• Not recommended for treatment or prophylaxis of influenza in:
	  ○ Individuals with underlying airways disease
	• Not proven effective for:
	  ○ Treatment in individuals with underlying airways disease.
	  ○ Prophylaxis in nursing home settings

Tamiflu® (oseltamivir)* Capsule Oral suspension	Treatment of acute, uncomplicated influenza A and B in patients 2 weeks of age and older who have been symptomatic for no more than 48 hours. Prophylaxis of influenza A and B in patients 1 year and older. Important limitations of use: • Not a substitute for annual influenza vaccination • Consider available information on influenza susceptibility patterns and treatment effects when deciding whether to use oseltamivir • Not recommended for patients with end-stage renal disease not undergoing dialysis

Agent(s)	Indication(s)
Xofluza® (baloxavir marboxil) Tablet Oral suspension	Treatment of acute uncomplicated influenza in patients who have been symptomatic for no more than 48 hours and who are: • Otherwise healthy adults and pediatric patients 5 years of age and older, or • Adults and pediatric patients 12 years of age and older who are at high risk of developing influenza-related complications Post-exposure prophylaxis of influenza in persons 5 years of age and older following contact with an individual who has influenza. Limitations of use: • Consider available information on drug susceptibility patterns for circulating virus strains when deciding whether to use Xofluza

* - Generic equivalent available

See package insert for FDA prescribing information:
https://dailymed.nlm.nih.gov/dailymed/index.cfm

CLINICAL RATIONALE
Guidelines
Influenza
Antiviral treatment is recommended by the Centers for Disease Control and Prevention (CDC) as early as possible for any patient with confirmed or suspected influenza who: is hospitalized, has severe, complicated, or progressive illness, or is at higher risk for influenza complications. Antiviral treatment also can be considered for any previously healthy, symptomatic outpatient not at high risk for influenza complications, who is diagnosed with confirmed or suspected influenza, on the basis of clinical judgement, if treatment can be initiated within 48 hours of illness onset. Recommended duration for antiviral treatment is 5 days for oral oseltamivir or inhaled zanamivir. For the treatment of uncomplicated influenza with intravenous peramivir or oral baloxavir, a single dose is recommended. Longer daily dosing (oral oseltamivir or intravenous peramivir) can be considered for patients who remain severely ill after 5 days of treatment.(5)

The CDC does not recommend widespread or routine use of antiviral medications for chemoprophylaxis except as one of multiple interventions to control institutional influenza outbreaks. Routine use of post-exposure chemoprophylaxis is not recommended; one reason for this is to avoid sub-therapeutic treatment dosing if infection is already established, although the possibility of whether antiviral resistant viruses could emerge is unknown. Antiviral medications can be considered for chemoprophylaxis to prevent influenza in certain situations, such as: prevention in people at high risk to influenza complications during the first two weeks following vaccination after exposure to a person with influenza, prevention for people at high risk for complications from influenza who cannot receive influenza vaccine due to a contraindication after exposure to a person with influenza, and prevention for people with severe immune deficiencies or others who might not respond to influenza vaccination, such as people receiving immunosuppressive medications, after exposure to a person with influenza. To be effective as chemoprophylaxis, an antiviral medication must be taken each day for the duration of potential exposure to a person with influenza and continued for 7 days after the last known exposure. For persons taking antiviral chemoprophylaxis after inactivated

influenza vaccination, the recommended duration is until immunity after vaccination develops (antibody development after vaccination takes about two weeks in adults and can take longer in children depending on age and vaccination history). For control of outbreaks in institutional settings (e.g., long-term care facilities for elderly people and children) and hospitals, CDC recommends antiviral chemoprophylaxis with oral oseltamivir or inhaled zanamivir for a minimum of 2 weeks and continuing up to 1 week after the last known case was identified. Antiviral chemoprophylaxis is recommended for all residents, including those who have received influenza vaccination. Baloxavir is approved for post-exposure prophylaxis (single-dose) of influenza in persons aged 5 years and older.(3)

COVID-19 (SARS-CoV-2) and Influenza

During periods of community co-circulation of influenza viruses and SARS-CoV-2, empiric antiviral treatment of influenza is recommended as soon as possible for the following priority groups: hospitalized patients with respiratory illness, outpatients with severe, complicated, or progressive respiratory illness, and outpatients at higher risk for influenza complications who present with any acute respiratory illness symptoms (with or without fever). Patients who require hospitalization and are suspected of having either or both viral infections should receive influenza antiviral treatment with oseltamivir as soon as possible without waiting for influenza testing results. Treatment for influenza is the same for all patients regardless of SARS-CoV-2 coinfection. Clinicians can consider starting early (less than or equal to 48 hours after illness onset) empiric antiviral treatment of non-high-risk outpatients with suspected influenza based upon clinical judgement. SARS-CoV-2 and other etiologies of influenza-like illness should also be considered.(5)

Safety

Zanamivir is contraindicated in patients with history of allergic reaction to any ingredient of Relenza, including milk proteins.[1]

References

1. Relenza prescribing information. GlaxoSmithKline. October 2021.
2. Tamiflu prescribing information. Gilead Sciences, Inc. August 2019.
3. Influenza Antiviral Medications: Summary for Clinicians. Center for Disease Control and Prevention. Updated September 9, 2022. https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm.
4. Xofluza prescribing information. Genentech USA, Inc. August 2022.
5. Influenza and COVID-19. Center for Disease Control and Prevention. Updated Sept 30, 2022. https://www.covid19treatmentguidelines.nih.gov/special-populations/influenza/

Anti-Influenza Agents Quantity Limit

The program accommodates for two rounds of influenza treatment or 20 days of prophylaxis in a 120-day period. Requests for larger quantities will be evaluated through the Clinical Review process when the prescriber provides evidence that dosing with higher quantities is appropriate for the patient.

TARGET AGENT(S)
Relenza® (zanamivir)
Tamiflu® (oseltamir)*
Xofluza® (baloxavir marboxil)
* - Generic equivalent available

PROGRAM QUANTITY LIMIT TARGET AGENTS – RECOMMENDED LIMITS

Brand (generic)	GPI	Quantity Limit per 120 days
Relenza (zanamivir)		
5 mg blister	12504080008020	40 blisters
Tamiflu (oseltamivir)*		
30 mg capsule	12504060200110	40 capsules
45 mg capsule	12504060200115	20 capsules
75 mg capsule	12504060200120	20 capsules
6 mg/ml suspension	12504060201910	300 mL
Xofluza (baloxavir marboxil)		
20 mg tablet	1250202020B720	4 tablets
40 mg tablet	1250202020B735	4 tablets
40 mg tablet	1250202020B745	2 tablets
80 mg tablet	1250202020B760	2 tablets

* - Generic equivalent available

QUANTITY LIMIT AUTHORIZATION CRITERIA FOR APPROVAL
Quantities above the program quantity limit for the **Target Agent(s)** will be approved when BOTH of the following are met:

1. ONE of the following:
    A. The patient requires additional courses of therapy due to additional episodes of acute influenza infection
    OR
    B. The patient requires additional courses or increased duration of therapy for prophylaxis after exposure to an influenza infected person

    AND
2. ONE of the following:
    A. There is no shortage of the requested agent and ONE of the following:
        i. ALL of the following:
            a. The requested quantity (dose) is greater than the program quantity limit
            AND
            b. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication
            AND
            c. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit

OR

ii. ALL of the following:
   a. The requested quantity (dose) is greater than the program quantity limit
      AND
   b. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication
      AND
   c. The prescriber has provided information in support of therapy with a higher dose for the requested indication

OR

B. There is a shortage of the requested agent and ONE of the following:
   i. ALL of the following:
      a. The requested quantity (dose) is greater than the program quantity limit
         AND
      b. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication

   OR

   ii. ALL of the following:
      a. The requested quantity (dose) is greater than the program quantity limit
         AND
      b. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication
         AND
      c. The prescriber has provided information in support of therapy with a higher dose for the requested indication

Length of Approval: 4 months