



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association

Pharmacy Medical Policy Influenza Drugs

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)
- [Forms](#)

Policy Number: 440

BCBSA Reference Number: None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary status of the medications affected by this policy.

| Drug | Formulary Information |
|--------------------------------------------------|-----------------------|
| | Standard |
| | Formulary Status |
| Oseltamivir | Covered |
| Tamiflu [®] (oseltamivir) | Covered |
| Relenza [®] (zanamivir) | Covered |
| Xofluza [™] (baloxavir marboxil) | Covered |

BCBSMA may cover Tamiflu[®], Xofluza[™], and Relenza[®] at the highest copayment tier for a member based on their specific benefit design, at the retail pharmacy.

Oseltamivir (including Tamiflu[®]), Xofluza[™], and Zanamivir (including Relenza[®]) are not available through a member's mail order benefit.

Coverage for these medications is for up to a 5-day course of treatment with either Oseltamivir (including Tamiflu[®]) or Zanamivir (including Relenza[®]) and for up to a 10-day course of prophylaxis with Oseltamivir (including Tamiflu[®]) or Zanamivir (including Relenza[®]) within 180 days. Up to a one-day course of therapy

within 180 days with Xofluza™ if within 48 hours of the start of symptoms. Coverage for additional supplies of these medications would need to be reviewed on an individual basis.

**Please note: This policy is reviewed on an annual basis in order to remain current with treatment guidelines and CDC recommendations. **

Note: Zanamivir (including Relenza®) is FDA-approved for persons aged greater than or equal to 7 years old, while Oseltamivir (including Tamiflu®) is approved for persons aged greater than or equal to 1 year old for the treatment of acute uncomplicated illness associated with influenza infection. Xofluza™ is FDA approved for ages 12 and older.¹⁰ In addition, Zanamivir (including Relenza®) is FDA-approved for persons aged greater than or equal to 5 years old and Oseltamivir (including Tamiflu®) is FDA approved in persons greater than or equal to 1 year-of age for the prophylaxis of influenza. The Centers for Disease Control and Prevention recommend that caution is advised if Zanamivir (including Relenza®) is used by patients with underlying chronic respiratory illness.^{1,4,5} According to the FDA, “Relenza® (Zanamivir) appears less effective in patients who do not have elevated temperature or severe symptoms.”⁴

We do not cover the above drugs for other conditions not listed above.

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual’s unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Managed Care Authorization Instructions

- Physician billing is not applicable as these medications are processed under the member’s pharmacy benefit
- For retail pharmacy requests, physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.

PPO and Indemnity Authorization Instructions

- Physician billing is not applicable as these medications are processed under the member’s pharmacy benefit
- For retail pharmacy requests, physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.

Policy History

| Date | Action |
|---------|----------------------------------------------|
| 11/2018 | Updated to include Xofluza™ and Oseltamivir. |

| | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/2017 | Updated address for Pharmacy Operations. |
| 1/2014 | Updated ExpressPath Language and removed Blue Value. |
| 4/2012 | Reviewed 4/2012 MPG-Cardiology and Pulmonology, no changes in coverage were made. |
| 11/2011-4/2012 | Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements. |
| 4/2011 | Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements. |
| 3/2010 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 11/2009 | Updated to remove reimbursement request form, add standard exception form and clarify quantity information. |
| 3/2009 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 10/2008 | Updated to allow coverage for Tamiflu® and Relenza®. |
| 3/2008 | Reviewed 3/08 MPG- Pulmonology, Allergy and ENT/Otolaryngology, no changes in coverage were made. |
| 3/2008 | Updated to cover Tamiflu/Relenza at the highest tier copay level at retail pharmacy from 3/08/2008 - 5/31/0208 to address CDC recommendations of flu vaccine and Amantadin/Ramantidne ineffectiveness. |
| 1/2008 | Updated to remove reference to 06 flu season and to update FDA approved age ranges for Tamiflu®and Relenza®. |
| 3/2007 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 1/7/200 | New policy, effective 1/7/200, describing covered and non-covered indications. |

References

1. See the CDC's MMWR December 17, 1999 / 48(RR14);1-9 Neuraminidase Inhibitors for Treatment of Influenza A and B Infections www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4814a1.htm
2. CDC's Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP) April 30, 1999 /48(RR-04);1-28 <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00057028.htm>
3. Tamiflu® - Memo from the FDA Director, Division of Antiviral Drugs, dated October 25, 1999 at www.fda.gov/cder/drug/infopage/tamiflu/directormemo.htm
4. FDATALK PAPER July 27, 1999 available at <http://www.fda.gov/bbs/topics/ANSWERS/ANS00966.html>
5. Findings of the FDA Antiviral Drugs Advisory Committee on Relenza® - Memorandum from Director of the Division on Antiviral Drugs of FDA, dated 7/26/99. Available at www.fda.gov/cder
6. Revised safety labeling for Relenza® (zanamivir) issued by Glaxo Wellcome INC. For additional information see the FDA website at: <http://www.fda.gov/medwatch/safety/2000/relenz.htm>.
7. See the CDC Recommendations against the Use of Amantadine and Rimantadine for the Treatment or Prophylaxis of Influenza in the United States during the 2005-2006 Influenza Season. Available at: <http://www.cdc.gov/flu/han011406.htm>
8. Tamiflu® [package insert]. Nutley, NJ: Roche Pharmaceuticals; 2007.
9. Relenza® [package insert], Research Triangle Park, NC: GlaxoSmithKline; 2007.
10. Xofluz™ [package insert], Settsu, Japan: Shionogi & Co., Ltd.; 2018.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>