DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Anti-Influenza – Relenza Drug Quantity Management Policy – Per Rx
- Relenza® (zanamivir inhalation powder– GlaxoSmithKline)

REVIEW DATE: 03/29/2023

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Relenza, a neuraminidase inhibitor, is indicated for the following uses:[1]
- **Treatment of influenza A and B infection**, for patients with uncomplicated acute illness who are ≥ 7 years of age and who have been symptomatic for ≤ 2 days.
- **Prophylaxis of influenza A and B infection**, in patients ≥ 5 years of age.

Limitations of Use: Relenza is not recommended for use in persons with underlying airway disease (e.g., asthma, chronic obstructive pulmonary disease) due to risk of serious bronchospasm. It has also not been proven to be effective for treatment of influenza for patients with underlying airway disease or for treatment of influenza in the nursing home setting.

Dosing

Treatment[1]
- 10 mg (2 inhalations) once daily (QD) for 10 days.

Prophylaxis[1]
- Household setting: 10 mg QD for 10 days.
- Community outbreak: 10 mg QD for 28 days.

Availability

Each oral inhalation blister of Relenza delivers 5 mg of zanamivir.[1] Each circular double-foil pack (a Rotadisk) contains 4 blisters of drug. Five Rotadisks are packaged in a white tube, which is packaged in a box with one Diskhaler inhalation device.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Relenza. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

Drug Quantity Limits

Product	Strength	Retail and Home Delivery Maximum Quantity per Rx
Relenza® (zanamivir inhalation powder)	5 mg per inhalation (20 blisters per box)	20 inhalations[q]

[q] Twenty inhalations are adequate to supply one treatment course or 10 days of prophylaxis.

Anti-Influenza – Relenza Drug Quantity Management Policy – Per Rx product(s) is(are) covered as medically necessary when the following criteria is(are) met.

CRITERIA

1. If the patient requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 1 month of therapy (up to 60 inhalations [3 boxes]) at retail or home delivery between November 1st and March 31st if, according to the prescriber, there has been a CDC-confirmed outbreak in the patient's community.

2. If the patient resides in a long-term care facility and requires more than 10 days of prophylaxis for influenza, approve a one-time override for up to a total of 1 month of therapy (up to 60 inhalations [3 boxes]) at retail or home delivery between November 1st and March 31st.

CONDITIONS NOT COVERED

Any other exception is considered not medically necessary, including the following (this list may not be all inclusive):

1. No overrides are recommended for the treatment of influenza.
Note: Initial quantity limits allow for a quantity sufficient for one standard treatment course.

REFERENCES

1. Relenza® for oral inhalation [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; October 2021.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Criteria were updated to state that the prescriber should indicate if there is a CDC-outbreak in the patient's community.	03/23/2022
Annual Revision	Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery. **Relenza 5 mg inhalation:** Home delivery quantity limit changed from 60 inhalations per dispensing to 20 inhalations per dispensing.	03/29/2023

CDC – Centers for Disease Control and Prevention.