

## Pre - PA Allowance

**Age** 5 years of age or older

**Quantity**

Strength	Quantity
10 mg	40 inhalations

**Duration** 12 months

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## Prior-Approval Requirements

### Diagnoses

Patient must have **ONE** of the following:

1. Treatment of Influenza with
  - a. Onset of symptoms within the previous 48 hours
  - b. 7 years of age or older
2. Prophylaxis of Influenza
  - a. 5 years of age or older
  - b. Patient has **ONE** of the following:
    - i. High risk for complications
    - ii. Immunocompromised
    - iii. Resides in an institutional setting (e.g., long term care facilities)

## Prior - Approval Limits

### Treatment of influenza:

**Quantity**

Strength	Quantity per 30 days
10 mg	20 inhalations

**Duration** 1 month

### Prophylaxis of influenza for high risk patients:

**Quantity**

Strength	Quantity per 30 days
10 mg	20 inhalations

**Duration** 1 month

## **RELENZA (zanamivir)**

### **Prophylaxis of influenza for immunocompromised or institutionalized patients:**

#### **Quantity**

<b>Strength</b>	<b>Quantity per 180 days</b>
10 mg	360 inhalations per 180 days

**Duration** 6 months

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## **Prior – Approval *Renewal* Requirements**

### **Diagnosis**

Patient must have the following:

1. Prophylaxis of Influenza
  - a. 5 years of age or older
  - b. Patient has **ONE** of the following:
    - i. Immunocompromised
    - ii. Patient resides in an institutional setting (e.g., long term care facilities)

## **Prior - Approval *Renewal* Limits**

### **Prophylaxis of influenza for immunocompromised or institutionalized patients**

#### **Quantity**

<b>Strength</b>	<b>Quantity per 180 days</b>
10 mg	360 inhalations per 180 days

**Duration:** 6 months