

Pre - PA Allowance*

Quantity

Strength	Quantity
30 mg	40 capsules OR
45 mg	20 capsules OR
75 mg	20 capsules OR
6 mg/mL suspension	360 mL

*Members are limited to **TWO** courses (fills) up to the specified quantity per 12 months

Duration 12 months

Prior-Approval Requirements

Diagnoses

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

1. Treatment of Influenza
 - a. Age 2 weeks or older
 - b. Onset of symptoms within the previous 48 hours
2. Prophylaxis of Influenza
 - a. Age 1 year 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

Diagnosis	Strength	Quantity	Duration
Treatment of influenza*	30 mg	20 capsules OR	1 month
	45 mg	10 capsules OR	1 month
	75 mg	10 capsules OR	1 month
	6 mg/mL suspension	180 mL OR	1 month
Prophylaxis of influenza (high-risk patients)*	30 mg	50 capsules OR	2 months
	45 mg	50 capsules OR	2 months

	75 mg	50 capsules per OR	2 months
	6 mg/mL suspension	660 mL OR	2 months
Prophylaxis of influenza (immunocompromised or institutionalized patients)	30 mg	170 capsules OR	6 months
	45 mg	170 capsules OR	6 months
	75 mg	170 capsules OR	6 months
	6 mg/mL suspension	2640 mL	6 months

*Treatment of influenza and Prophylaxis of influenza (high-risk patients) are limited to one approval per rolling calendar year

Prior – Approval *Renewal* Requirements

Diagnosis

Patient must have the following:

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

Prior - Approval *Renewal* Limits

Diagnosis	Strength	Quantity	Duration
Prophylaxis of influenza (immunocompromised or institutionalized patients)	30 mg	170 capsules OR	6 months
	45 mg	170 capsules OR	6 months
	75 mg	170 capsules OR	6 months
	6 mg/mL suspension	2640 mL	6 months