

XOFLUZA
(baloxavir marboxil)**Pre - PA Allowance****Age** 5 years of age and older**Quantity**

Strength and Dosage Form	Quantity
40 mg tablet	4 tablets OR
80 mg tablet	2 tablets OR
40 mg/20 mL for oral suspension*	4 bottles

This formulation is included in this policy but is not available on the market as of yet*Duration** 12 months

Prior-Approval Requirements**Age** 5 years of age or older**Diagnoses**

Patient must have the following:

1. Treatment of influenza
 - a. Acute uncomplicated influenza
 - b. Onset of symptoms within the previous 48 hours
- AND ONE** of the following:
 - a. High risk for complications
 - b. Immunocompromised
 - c. Resides in an institutional setting (e.g long term care facility)
2. Prophylaxis of influenza
 - a. Patient has had contact with an individual who has influenza

Prior - Approval Limits**Treatment or Prophylaxis of Influenza****Quantity**

Strength and Dosage Form	Quantity
40 mg tablet	2 tablets OR
80 mg tablet	1 tablet OR
40 mg/20 mL for oral suspension*	2 bottles

This formulation is included in this policy but is not available on the market as of yet*Duration** 1 month



Federal Employee Program.

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Prior – Approval *Renewal* Requirements

None

Prior - Approval *Renewal* Limits

None