

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

Strength and Dosage Form	Quantity
40 mg tablet	4 tablets <b>OR</b>
80 mg tablet	2 tablets <b>OR</b>
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

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**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 <b>OR</b>
80 mg tablet	1 tablet <b>OR</b>
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