DRUG QUANTITY MANAGEMENT POLICY – PER RX

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

REVIEW DATE: 03/11/2026

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. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. 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. "One-time" overrides are provided for 30 days in duration.

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.

EXCEPTIONS TO THE QUANTITY LIMITS LISTED ABOVE ARE COVERED AS MEDICALLY NECESSARY WHEN THE FOLLOWING CRITERIA ARE MET. ANY OTHER EXCEPTION IS CONSIDERED NOT MEDICALLY NECESSARY.

CRITERIA

1. Approve a one-time override for 60 inhalations of Relenza at retail or home delivery if the patient meets ALL of the following (A, B, and C):
   A) Request for Relenza is between November 1st and March 31st; AND
   B) According to the prescriber, there has been a CDC-confirmed outbreak in the patient's community; AND
   C) Patient requires more than 10 days of influenza prophylaxis.

2. Approve a one-time override for 60 inhalations of Relenza at retail or home delivery if the patient meets ALL of the following (A, B, and C):
   A) Request for Relenza is between November 1st and March 31st; AND

B) Patient resides in a long-term care facility; AND
C) Patient requires more than 10 days of influenza prophylaxis.

EXCLUSIONS

Approval of additional quantities of Relenza is NOT recommended in the following situations:

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 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	03/28/2024
Annual Revision	Policy statement was updated to note that "one-time" approvals are provided for 30 days in duration.	03/11/2025
Annual Revision	No criteria changes.	03/11/2026