

AHCCCS implemented the following policy on September 9, 2009

FROM:

Suzi Berman, RPh,
AHCCCS, Director of Pharmacy Services
Suzanne.Berman@azahcccs.gov
Office: 602-417-4726
Cell: 602-292-5953

AHCCCS has reviewed concerns regarding time delays in obtaining antiviral and related influenza medications due to AHCCCS Health Plan "Contractors" utilization management processes. We recognize that these medications need to be started within 24-48 hours of the onset of symptoms to illicit the best possible outcome. Efficacies of antiviral medications diminish over time and are the most effective within the first 24-48 hours of the start of influenza symptoms. To reduce complications from influenza, hospitalizations, other adverse outcomes, and to ensure accessibility of antiviral medications, AHCCCS implemented the following policy on September 9, 2009:

- Contractors must ensure accessibility to influenza antiviral medications in a timely manner.
- Contractors may choose to require prior authorization approval for antiviral medications if the following is adhered to:
 - All influenza related submitted prior authorizations to Contractors' must be reviewed and a decision rendered within four (4) hours from the receipt time of the submitted prior authorization regardless of time of day received. The receipt time is the time a fax was received by the health plan or other designated area for after hours. These prior authorizations may include Tamiflu, Relenza or other antivirals.
 - The influenza related submitted prior authorization review process must be available seven (7) days per week, 24 hours per day.
 - For hospital discharge (inpatient and ER) and Urgent Care Prescriptions for antiviral medications, the Contractor may request network pharmacies utilize a pharmacy system override code to ensure that the member is able to obtain antivirals and other flu related medications at the time of discharge.
- The Contractor must communicate the influenza and related medications prior authorization process to network prescribing clinicians and their retail pharmacy network.

At the time the above policy was issued, the following information regarding CDC treatment guidelines was also included in our communication to the health plans.

Additional Information from the CDC:

As of August, 2009, more than 98% of circulating influenza viruses in the United States were 2009 H1N1 influenza (previously referred to as novel influenza A (H1N1)). Among people who become infected with 2009 H1N1, certain groups appear to be at increased risk of complications

and may benefit most from early treatment with antiviral medications. Approximately 70% of persons hospitalized from 2009 H1N1 influenza have had a recognized high risk condition (approximately 60% of children and approximately 80% among adults). These high risk conditions are the same conditions that increase the risk of complications from seasonal influenza infection.

- Children younger than 5 years old. However, the risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
- Adults 65 years of age or older
- Pregnant women
- Persons with the following conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Immunosuppression, including that caused by medications or by HIV;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy, because of an increased risk for Reye syndrome.

Among children, rates of influenza hospitalization from 2009 H1N1 have varied by age group with the highest rates of hospitalization in children younger than 2 years of age. Updated information on hospitalization rates by age group can be found at www.cdc.gov/flu/weekly.

People 65 and older are at lower risk of infection from 2009 H1N1 compared to younger age groups. However, as with seasonal influenza, people 65 or older who develop 2009 H1N1 influenza infection are at increased risk of influenza-related complications compared to younger adults.

Preliminary studies suggest that people who are morbidly obese (body mass index equal to or greater than 40) and perhaps people who are obese (body mass index 30 to 39) may be at increased risk of hospitalization and death due to 2009 H1N1 influenza infection. Additional studies to determine the risk of morbid obesity and /or obesity for these complications of 2009 H1N1 virus infection are underway. Patients with morbid obesity, and perhaps obesity, often have underlying conditions that put them at increased risk for complications due to 2009 H1N1 influenza infection, such as diabetes, asthma, chronic respiratory illness or liver disease. Patients with obesity or morbid obesity should be carefully evaluated for the presence of underlying medical conditions that are known to increase the risk for influenza complications, and receive empiric treatment when these conditions are present, or if signs of lower respiratory tract infection are present.