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*Our first care is your health care*  
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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## AHCCCS Antiviral Medication Guidance

October 8, 2009

To: Mindy Smith, R.Ph., Executive Director, Arizona Pharmacy Alliance

Re: Concerns on the dispensing of antiviral medications to AHCCCS members.

AHCCCS has reviewed the issues and concerns and recognizes that antiviral 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.
  - 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](http://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.

It is our expectation that AHCCCS members receive clinically appropriate medications in a timely manner. Please contact me at your convenience if you have or become aware of any issues or concerns. I welcome your continued dialogue and appreciate your efforts to ensure the pharmaceutical needs of all patients in Arizona are met.

Sincerely,

Suzi Berman, RPh, Director of Pharmacy Services

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## UPDATE ON AHCCCS ANTI-VIRAL DISPENSING GUIDELINES

October 15, 2009

Prior authorization requirements for Tamiflu and Relenza have been removed by all of the AHCCCS Health Plans.

Each drug is subject to quantity and/or age limitations which may cause a claim to reject.

Please ask the pharmacies to contact the health plan's PBM for additional clarification.

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