



MEMORANDUM

DATE: October 22, 2009

TO: CUP Network Providers
Same Day and Urgent Care Clinics
Legacy Salmon Creek Hospital Emergency Room Director
Southwest Washington Medical Center Emergency Room Director

FROM: Dr. Lisa Morrison, CUP Medical Director
RE: Tamiflu/Relenza Prescriptions

Lately we have been experiencing a high volume of prescription requests for Tamiflu/Relenza to treat H1N1 exposure and symptoms. CUP is requiring Prior Authorization before these prescriptions are dispensed from the pharmacy.

CUP is following the CDC and local Clark County Health District's guidelines on who should receive anti-viral treatment for presumptive H1N1 -- this is where we are running into problems, as treatment for at-risk patients **MUST** start **BEFORE** 48 hrs have lapsed from the onset of symptoms. Please do not submit a request for Tamiflu/Relenza if more than 48 hours have passed since the onset of symptoms as CUP will not approve the request. We are using the Prior Authorization process to ensure that the at-risk patients are getting medication and this means that the majority of CUP patients with H1N1 are not candidates for medication. We are also mindful that over/inappropriate use of anti-virals may lead to organism resistance and that inappropriate prescribing may deplete the limited supply of these medications.

In order to expedite your CUP patient getting Tamiflu, we are recommending that you fill out our CUP Approval Worksheet (attached) and send it with the patient and the prescription to the pharmacy; this will provide all the necessary information for the prescription to be processed quickly. Hopefully, this process will obviate phone calls to your office to ask for more information and should improve the probability that the patient will get the medication expeditiously.

If you find that the patient does not meet the criteria as you fill out the CUP Approval Worksheet, inform the patient and don't treat them. Be sure to explain that most patients do not need medication and will improve with the usual supportive care. If you want to prescribe prophylactic medication to an at-risk patient, consider writing the prescription and filling out the CUP Approval Worksheet with instructions to fill the medication at the first sign of illness -- this may prevent over-treating. Incubation of H1N1 is one-seven days and most exposed patients become ill within four days of exposure.

Please feel free to make copies of this memo for your office. Let us know at CUP if you are having problems or have any questions -- contact CUP's Pharmacy Benefits Coordinator, Laina Harris, at 360-449-8931, or feel free to contact me directly at 360-449-8866, lmorrison@cuphealth.com.

Attachment: *CUP Tamiflu & Relenza Approval Worksheet*

Cup Tamiflu & Relenza Approval Worksheet

Patient Name _____ DOB _____

Prescriber _____ Phone _____

I UNDER WHICH HIGH-RISK CATEGORY DOES THE PATIENT QUALIFY FOR THIS MEDICATION?

Yes / No Children < 5 yrs of age, particularly those < 2 years.

Yes / No Adults >65 yrs of age

Yes / No Pregnant

Yes / No Chronic medical conditions requiring ongoing medical care. (see below)

Diagnosis _____

COPD, including asthma on a DAILY controller medication, Cardiovascular disease, except isolated hypertension, Active Malignancy, Chronic Renal Insufficiency, Chronic Liver Disease, Diabetes Mellitus, Hemoglobinopathies (like sickle cell disease, Immunosuppression, (HIV, transplant, inflammation treated with immunosuppressant's), those who have any condition that can compromise handling of respiratory secretions, (Cognitive dysfunction, spinal cord injuries, seizure disorder, neuromuscular, cerebral palsy, metabolic conditions), Children with metabolic disorder (unable to tolerate prolonged fasting), Children with poor nutritional and fluid intake because of prolonged vomiting and diarrhea, Residents of nursing homes and other chronic care facilities, otherwise healthy children (<19 yrs) with severe illness, including those with pneumonia or those hospitalized.

II DOES THE PATIENT HAVE INFLUENZA-LIKE ILLNESS (ILI) IN ABSENCE OF A KNOWN CAUSE OTHER THAN INFLUENZA?

Yes / No Has the patient been ill for < 48 hours?

Yes / No Has there been a documented temp of >100°F?

Yes / No Are there symptoms of a cough or sore throat?

III ARE YOU PRESCRIBING FOR EXPOSURE TO H1N1?

Yes / No Exposure

Signature _____ Date _____