

FREQUENTLY ASKED QUESTIONS – SWINE FLU

Updated 5/6/09 ER FAQ

What is swine flu?

Swine flu is common disease of pigs and is caused by the same category of influenza virus (influenza A) that causes flu in humans. While outbreaks of swine flu are common in pigs, swine flu is uncommon in humans. It can occur, however, in individuals who are around pigs, and it is known that the virus can spread between humans in much the same way regular flu can spread, typically through coughing or sneezing as well as by contact with items contaminated by flu virus.

Prior to the current outbreak, only a dozen cases of swine flu were reported over the past four years in the United States. One death was reported, during an outbreak on an army base in 1976, and in 1988 a pregnant woman from Wisconsin died of swine flu. The current outbreak appears to be caused by a strain of swine flu not previously seen in humans (H1N1).

What are the symptoms and treatment of swine flu?

Swine flu in humans resembles seasonal flu, with symptoms such as fever, cough, sore throat, body aches, headache, chills and fatigue. Some people experience diarrhea and vomiting as well. Like regular flu, swine flu can in some cases cause serious respiratory problems or worsening of chronic medical problems.

Swine flu can be treated with some of the same drugs that are used for regular flu. The U.S. Centers for Disease Control and Prevention (CDC) recommends the use of the antiviral medications oseltamivir (Tamiflu[®]) or zanamivir (Relenza[®]). The medications work best if they are started within two days of the onset of symptoms.

How does swine flu spread and can it be prevented? Is there a vaccine?

People can spread swine flu when they have symptoms and possibly as long as seven days after they first become ill, even if symptoms have subsided. It is also thought that children can remain contagious for an even longer period of time. There is currently no vaccine for prevention of swine flu, and vaccines used for seasonal flu provide no protective effect for the current H1N1 strain of swine flu. As a result, people should follow sensible preventive measures, like these recommended by the CDC:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Try to avoid close contact with sick people.
- If you get sick with influenza, stay home from work or school and limit contact with others to keep from infecting them. Avoid touching your eyes, nose or mouth. Viruses spread this way.

The CDC has also recommended that people who live in or have recently traveled to areas where swine flu cases have been reported and who develop flu symptoms consider seeking care from their health care providers. More serious symptoms require emergency medical care.

In children, such symptoms include:

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In adults, such symptoms include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

Swine flu is not spread by food, such as pork, which is safe when handled and prepared appropriately.

Are there any travel restrictions related to the outbreak?

The CDC maintains regularly updated travel recommendations that address preparing for travel, monitoring the situation in the area(s) you will be visiting, practicing healthy habits to reduce the spread of flu, what to do if you feel sick, and how to monitor your health at the conclusion of travel. Visit the CDC at www.cdc.gov/travel for more details.

Should we be taking special precautions in the workplace?

The general preventive measures noted above should be followed closely in the workplace, just as they should in the home and other settings. Frequent hand washing, particularly after sneezing or coughing, is a key preventive measure, according to the CDC.

It should also be stressed that ill associates remain away from the workplace, keeping in mind that they may be infectious to others as long as seven or possibly more days after the initial onset of symptoms, especially if symptoms have persisted. At this time, the CDC is not recommending widespread use of masks or other such preventive measures in the workplace.

What are we doing about swine flu (H1N1)? What is our role in this crisis?

H1N1 flu is a public health issue. Our role is to support our public health agencies, such as the CDC, as well as our members, our providers and our customers.

- Our priority is to ensure that our actions and communications support the CDC and other governmental entities on this issue.
- We have made changes to our formulary to ensure members with pharmacy benefits are covered for these drugs without the need for prior authorization.
- We are providing educational information to our employer groups and members about swine flu through our websites and other communication vehicles. All of our standard members services, such as our 24/7 nurse line, are available.

In the event of a pandemic outbreak of the flu, we will add the following to our existing services:

- We will expand our current 24-hour phone access to serve as a clearing house for members, providers, employers and others seeking information, support and/or referral to appropriate resources.
- If the government requests clinical volunteers, we will make our clinical personnel available to assist, if they desire to do so.

What is our commitment in the event of pandemic flu?

- We have made changes to our formulary so that all of our pharmacy benefit members have coverage for these drugs.
- We will comply with state and federal regulatory guidelines for care, including those that override benefit language.
- We will help keep members and providers informed about the pandemic through resources available on our Web sites.
- We will inform employers of Centers for Disease Control and other governmental recommendations and provide resources through our health plan websites.
- We will expand current 24-hour phone access capabilities to serve as a clearinghouse for members, providers, employers and others seeking information, support and/or referral to appropriate resources.
- We will facilitate the availability of clinical personnel among our associates who wish to volunteer their services, if such assistance is requested by government agencies.
- We will support access to and capacity of customer service operations.
- We will provide case identification and other data-related support services to government agencies as requested and as permitted by health information protection regulations and laws.

What changes did we make to our drug list so that all members could be covered?

Most of our pharmacy benefit members already had coverage with no prior authorization.

To ensure everyone had appropriate coverage during a pandemic:

- We asked Medicare to lift the prior authorization requirement.
- We made changes to clinical edits for all formularies to quantities and age limits that expand coverage and allow for more preventive use, as well as treatment in young children.
- We extended coverage to about 250,000 customers in closed benefit plans who were not covered for Tamiflu or Relenza.

The specific clinical edits include:

Tamiflu

- Removed age restriction for less than 1 year of age
- Increased the quantity limit from 10 capsules per fill with 1 fill per year to:
 - 30mg up to 84 per fill, no annual limit
 - 45mg up to 42 per fill, no annual limit
 - 75mg up to 42 per fill, no annual limit
 - Suspension up to 275ml per fill, no annual limit

Relenza

- Maintained limit of one inhaler per fill; removed the annual fill limit
- Removed age restriction for less than 7 years of age
- Removed the age limit

Also, in reviewing our members' benefits just after the first reports of swine flu, we saw that several groups had closed formularies that did not include Tamiflu or Relenza. Had we not made these policy changes, these members may have been paying retail prices for these drugs when they needed them.

Our goal is to make sure that when clinically appropriate, our members have coverage for these drugs.

What if a member has a plan that is generics-based? Will we still cover them for Tamiflu and Relenza?

Yes.

Can everyone get these drugs, regardless of age?

We want to make sure everyone with our pharmacy benefits is covered for these medications.

How much do these drugs cost?

The actual cost to a member for one prescription fill for Tamiflu or Relenza — which are both on Tier 3 — will vary by plan.

Why are we doing this?

We believe it's the right thing to do. In cases of pandemic, it's important that coverage be extended to all of our members to assist them in obtaining treatment.

How are we ensuring members have physical access to these drugs?

Our role is to ensure our members are covered for these drugs and have appropriate education about prevention and treatment for the disease. Because this is a public health issue, the Centers for Disease Control and Prevention will work with state and local government entities to manage the distribution of stockpiled medication. We will work closely with the CDC and these public health entities to assist in every way possible.

(In case of a pandemic, we will be placing links on our website, to the appropriate government entity that is expected to administer drugs from the nation's stockpile.)

Where can I get additional information?

The following two websites are providing **continually updated information** regarding the outbreak as well as background information for individuals, clinicians and organizations.

1. U.S. Centers for Disease Control (CDC):
<http://www.cdc.gov/h1n1flu/index.htm>
2. World Health Organization (WHO):
<http://www.who.int/csr/disease/swineflu/en/index.html>

Swine flu information provided by the U.S. Centers for Disease Control and Prevention (CDC)