Oral Antiviral Flu Prevention and Treatment Dosing Information

The flu vaccination is available through Superior HealthPlan medical providers or participating pharmacies. Please review the Centers for Disease Control and Prevention (CDC) information below regarding high-risk individuals, reminders and recommendations for using oral antiviral medications (Tamiflu® and Xofluza™) dosing information.

Priority Groups for Antiviral Treatment of Influenza

- Antiviral treatment is recommended as soon as possible for any patient with suspected or confirmed influenza who:
  - Is hospitalized.
  - Has severe, complicated or progressive illness.
  - Is at higher risk for influenza complications.

Persons at higher risk for influenza complications recommended for antiviral treatment include:

- Children younger than 2 years of age.
- Adults 65 years of age and older.
- Persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease) and metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle, such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy or spinal cord injury).
- Persons with immunosuppression, including that caused by medications or by HIV infection.
- Women who are pregnant or postpartum (within 2 weeks after delivery).
- Persons younger than 19 years of age who are receiving long-term aspirin therapy.
- American Indians/Alaska Natives.
- Persons who are morbidly obese (i.e., body mass index is equal to or greater than 40).
- Residents of nursing homes and other chronic care facilities.

Reminders Regarding Antiviral Prophylaxis of Influenza:

- Annual influenza vaccination is the best way to prevent influenza because vaccination can be given well before influenza virus exposures occur, and can provide safe and effective immunity throughout the influenza season.
- Antiviral medications are approximately 70% to 90% effective in preventing influenza and are useful adjuncts to influenza vaccination.
- The CDC does not recommend widespread or routine use of antiviral medications for chemoprophylaxis, in efforts to limit the possibilities that antiviral resistant viruses could emerge. Indiscriminate use of chemoprophylaxis might promote resistance to antiviral medications, or reduce antiviral medication availability for treatment of persons at higher risk for influenza complications or those who are severely ill.

- In general, the CDC does not recommend seasonal or pre-exposure antiviral chemoprophylaxis, but antiviral medications can be considered for chemoprophylaxis in certain situations.
- The following are examples of situations where antiviral medications can be considered for chemoprophylaxis to prevent influenza:
    - Prevention of influenza in persons at high risk of influenza complications during the first 2 weeks following vaccination after exposure to an infectious person.
    - Prevention for people with severe immune deficiencies or others who might not respond to influenza vaccination, such as persons receiving immunosuppressive medications, after exposure to an infectious person.
    - Prevention for people at high risk for complications from influenza who cannot receive influenza vaccine due to a contraindication after exposure to an infectious person.
    - Prevention of influenza among residents of institutions, such as long-term care facilities, during influenza outbreaks in the institution. For more information, reference the Infectious Diseases Society of America (IDSA) Practice Guidelines webpage.
- An emphasis on close monitoring and early initiation of antiviral treatment if fever and/or respiratory symptoms develop is an alternative to chemoprophylaxis after a suspected exposure for some persons.
- To be effective as chemoprophylaxis, an antiviral medication must be taken each day for the duration of potential exposure to a person with influenza and continued for 7 days after the last known exposure. For persons taking antiviral chemoprophylaxis after inactivated influenza vaccination, the recommended duration is until immunity after vaccination develops (antibody development after vaccination takes about 2 weeks in adults and can take longer in children, depending on age and vaccination history).
- Antiviral chemoprophylaxis generally is not recommended if more than 48 hours have elapsed since the first exposure to an infectious person.
- Patients receiving antiviral chemoprophylaxis should be encouraged to seek medical evaluation as soon as they develop a febrile respiratory illness that might indicate influenza.

Tamiflu Standard Dosing Information for Treatment:

Per the 7/30/2020 Texas Vendor Drug Program (VDP) Preferred Drug List (PDL), generic oseltamivir (Tamiflu) capsules are preferred, while brand Tamiflu capsules are non-preferred. Both generic oseltamivir and brand Tamiflu oral suspension are covered as a preferred medication on the Texas Medicaid formulary.

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended For	Children	Adults	Duration	Adverse Events
Oral Tamiflu (oseltamivir)	Influenza A and B	Treatment (5 days)	Any age	N/A	If younger than 1 year: • 3 mg/kg/dose twice daily If 1 year or older, dose varies by child's weight: • 15 kg or less, the dose is 30 mg twice a day • >15 to 23 kg, the dose is 45 mg twice a day • >23 to 40 kg, the dose is 60 mg twice a day • >40 kg, the dose is 75 mg twice a day	75 mg twice daily	Recommended duration for antiviral treatment is 5 days for oseltamivir	Adverse events: nausea, vomiting.

Tamiflu Prophylaxis Information:

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended For	Children	Adults	Duration	Adverse Events
Oral Tamiflu (oseltamivir)	Influenza A and B	Prophylaxis	3 months and older	N/A	If child is younger than 3 months old: • Use of oseltamivir for chemoprophylaxis is not recommended unless situation is judged critical due to limited data in this age group. If child is 3 months or older and younger than 1 year old: • 3 mg/kg/dose once daily If 1 year or older, dose varies by child's weight: • 15 kg or less, the dose is 30 mg once a day • 15 to 23 kg, the dose is 45 mg once a day • 23 to 40 kg, the dose is 60 mg once a day • >40 kg, the dose is 75 mg once a day	75 mg once daily	Recommended duration is 7 days (after last known exposure). For control of outbreaks in institutional settings (e.g. long-term care facilities for elderly persons and children) and hospitals, CDC recommends antiviral chemoprophylaxis for a minimum of 2 weeks, and continuing up to 1 week after the last known case was identified. Antiviral chemoprophylaxis is recommended for all residents, including those who have received influenza vaccination, and for unvaccinated institutional employees.	Adverse events: nausea, vomiting.

Xofluza™ Standard Dosing Information for Treatment:

Per the 7/30/2020 Texas VDP PDL, Xofluza is a non-preferred medication on the TX Medicaid formulary. Trial of a preferred medication [oseltamivir (Tamiflu) or Relenza] is required.

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended For	Children	Adults	Duration	Adverse Events
Oral Xofluza (baloxavir marboxil)	Influenza A and B	Treatment (1 day)	≥12 years old	Patient's weighing <40kg	Not indicated for children <12 years old Patients weighing ≥40kg and < 80 kg = Single Dose of 40mg • ≥80 kg = Single Dose of 80 mg	Patients weighing ≥40 kg and < 80 kg = Single Dose of 40mg ≥80 kg = Single Dose of 80 mg	1 Day	Diarrhea, bronchitis, headache, and nausea

For any medication related questions, please contact Superior's Pharmacy Department at 1-800-218-7453, ext. 22080.