Neuraminidase Inhibitor Criteria

Note: As of September 25, 2009 until further notice, prior authorization is not required for these agents.

(Influenza Treatment Agents)

Treatment and Prophylaxis

Prescriptions for neuraminidase inhibitors oseltamivir (Tamiflu®) or zanamivir (Relenza®) require prior authorization.

Treatment-

1. Oseltamivir or zanamivir will be approved for the treatment of persons with suspected novel (H1N1) infections, influenza A or influenza B at a high risk (as defined below) for influenza complications.

   Persons at high risk for influenza complications are defined as:

   - *Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.*
   - *Adults 65 years of age and older.*
   - *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, obesity);*
     - *immunosuppression, including that caused by medications or by HIV*
     - *Pregnant women;*
     - *Persons younger than 19 years of age who are receiving long-term aspirin therapy;*
     - *A high-risk diagnosis is required for approval of the neuraminidase inhibitors for children*
     - *Residents of nursing homes and other chronic-care facilities.*
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2. Documentation of influenza type is not required.

3. Treatment is most effective when begun within 48 hours of symptom onset, but will be approved after longer periods at the prescriber's request. The recommended duration of therapy is five (5) days.

Prophylaxis:

1. Neuraminidase Inhibitors will be approved for post-exposure to the influenza virus infection for close contacts of cases (confirmed, probable or suspected) who are at high-risk (see categories above) for complications of infection. *(Close contact is defined as having cared for or lived with a person who is a confirmed, probable or suspected case of novel influenza A (H1N1), or having been in a setting where there was a high likelihood of contact with respiratory droplets and/or body fluids of such a person. Examples of close contact include kissing or embracing, sharing eating or drinking utensils, physical examination, or any other contact between persons likely to result in respiratory droplets. Close contact typically does not include activities such as walking by an infected person or sitting across from a symptomatic patient in a waiting room or office.)*

Post-exposure prophylaxis duration is usually for 10 days following the last exposure. It is most effective when begun soon after high risk exposure to an individual during their infectious period. Infectious periods typically are from one day before to 7 days after symptom onset. If the contact occurred with a case whose illness started more than 7 days before contact with the person under consideration for antivirals, then chemoprophylaxis is usually not necessary.

Epidemic Outbreak-

> Should a severe epidemic outbreak of influenza be reported by the **Bureau for Public Health**, prior authorization will no longer be required in the communities affected.

www/cdc/gov/h1n1flu/recommendations.htm (5/6/2009)

Matthew Shun-Shin, Matthew Thompson, Carl Heneghan, Rafael Perera, Anthony Harnden, and David Mant **Neuraminidase inhibitors for treatment and prophylaxis of influenza in children: systematic review and meta-analysis of randomised controlledtrials**
BMJ 2009; 339: b3172]