

Antivirals - Influenza

Goal:

- Restrict use of extended prophylactic influenza antiviral therapy to high-risk populations recognized by the Centers for Disease Control and Prevention (CDC) and Infectious Diseases Society of America (IDSA).

Length of Authorization:

- Up to 30 days

Requires PA:

- Non-preferred drugs for point of sale (POS) or provider administered drugs (PAD).
- Oseltamivir therapy for greater than 7 days

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the antiviral agent to be used to treat a current influenza infection?	Yes: Go to #3	No: Go to #4
3. Will the prescriber consider a change to a preferred product? <u>Message:</u> <ul style="list-style-type: none"> • Preferred products do not require PA • Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee. 	Yes: Inform prescriber of covered alternatives in class and approve for length of therapy or 5 days, whichever is less.	No: Approve based on standard FDA or compendia-supported dosing for influenza treatment. Note: baloxavir and peramivir are FDA approved as a single dose for treatment of influenza.
4. Is the antiviral prescribed oseltamivir, zanamivir, or baloxavir?	Yes: Go to #5	No: Pass to RPh. Deny; medical appropriateness.

Approval Criteria

5. Is the request for post-exposure chemoprophylaxis AND does the patient have any of the following CDC¹ and IDSA² criteria that may place them at increased risk for complications?

- Persons at high risk of influenza complications during the first 2 weeks following vaccination after exposure to an infectious person (6 weeks in children not previously vaccinated and require 2 doses of vaccine).
- Persons 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.
- Persons at high risk for complications from influenza who cannot receive influenza vaccine after exposure to an infectious person.
- Residents of institutions, such as long-term care facilities, during influenza outbreaks in the institution.
- Pregnancy and individuals up to 2 weeks postpartum (including after pregnancy loss) who have been in close contact with someone suspected or confirmed of having influenza.

Yes: Approve for duration of prophylaxis or 30 days, whichever is less.

Current recommended duration of prophylaxis: 7 days (after last known exposure; minimum 2 weeks to control outbreaks in institutional settings and hospitals, and continue up to 1 week after last known exposure.

No: Go to #6

Approval Criteria

<p>6. Is the request for pre-exposure prophylaxis with oseltamivir or zanamivir AND does the patient meet IDSA² criteria that would qualify for prophylaxis for duration of season?</p> <ul style="list-style-type: none"> • Adults and children aged ≥3 months who are at very high risk of developing complications from influenza and for whom influenza vaccination is contraindicated, unavailable, or expected to have low effectiveness (eg, persons who are severely immunocompromised). • Adults and children aged ≥3 months who have the highest risk of influenza-associated complications, such as recipients of hematopoietic stem cell transplant in the first 6–12 months posttransplant and lung transplant recipients. 	<p>Yes: Approve for duration of prophylaxis or 9 months, whichever is less.</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p>
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References:

1. Centers for Disease Control and Prevention. Influenza Antiviral Medications: Summary for Clinicians. Last reviewed Sept 9, 2022. <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>. Accessed October 11, 2022.
2. Uyeki TM, Bernstein HH, Bradley JS, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. *Clin Infect Dis*. 2019;68(6):e1-e47.

P&T/DUR Review: 12/22 (SF); 1/19 (SS); 1/16; 1/12; 9/10
 Implementation: 1/1/23; 3/1/19; 4/1/18; 10/13/16; 2/12/16; 1/11