



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Medical Standards Branch
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Kapolei, Hawaii 96709-0190

February 22, 2006

MEMORANDUM

QUEST MEMO
BEN-0601

TO: QUEST Medical Plans

FROM: Angie Payne, Acting Med-QUEST Division Administrator *AK*

SUBJECT: USE OF NEURAMINIDASE INHIBITORS FOR THE TREATMENT OF INFLUENZA A AND B

On January 14, 2006, the Centers for Disease Control and Prevention (CDC) recommended that for the remainder of the 2005-2006 influenza season, the neuraminidase inhibitors--zanamivir (Relenza) or oseltamivir (Tamiflu) be used for prophylaxis and treatment of influenza. The recommendation was made because of the resistance of influenza A to amantadine and rimantadine--thus, significantly decreasing physicians' options for appropriate antiviral therapy for influenza.

Because Tamiflu has been identified by the CDC as an agent that may be useful in the treatment of avian flu should it become pandemic in the human population, it is prudent that we ensure that its use is prioritized to those Medicaid eligibles at highest risk for complications from influenza A and B.

The following are general guidelines for the use of the neuraminidase inhibitors in the prophylaxis and treatment of influenza A and B that the Med-QUEST Division and the QUEST plans have developed to ensure that high risk persons are identified and given priority in receiving neuraminidase inhibitor therapy.

PROPHYLAXIS

Antiviral agents are not a substitute for vaccination. Thus, Medicaid eligibles must be encouraged to be vaccinated. Tamiflu is approved for chemoprophylaxis and should only be covered when there is an influenza outbreak in an institution (e.g., nursing home).

Chemoprophylaxis should not be provided to healthy patients.

TREATMENT WITH A NEURAMINADASE INHIBITOR

Both Tamiflu and Relenza are approved for the treatment of influenza. However, Relenza should not be used in patients under 7 years of age. Tamiflu can be used in patients one year of age or older.

Treatment of influenza with a Neuraminadase Inhibitor should be prioritized to persons who meet the following criteria:

- Adults over 65 years of age and children (ages as indicated above) with significant symptomatic respiratory illness of less than or equal to 40 hours duration with an influenza positive throat or nasopharynx swab.
- Patients with significant symptomatic respiratory illness of less than or equal to 40 hours duration who have chronic lung disease, congenital heart disease, or immune deficiency.
- Patients with significant symptomatic respiratory illness of less than or equal to 40 hours duration, other respiratory illness has been ruled out, and who are at high risk for influenza complications due to immediate contact with a patient with influenza.

Treatment for other patients should be made on a case by case basis.

TREATMENT DURATION

Two (2) times a day for five (5) days.

PRECAUTION

Dosage in children depends on weight and age.

Dosage should be reduced if there is renal impairment.