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Section:	Prescription Drugs	**Effective Date:**	April 1, 2024
Subsection:	Anti-infective Agents	**Original Policy Date:**	September 8, 2011
Subject:	Tamiflu	**Page:**	1 of 6

Last Review Date: March 8, 2024

Tamiflu

Description

Tamiflu (oseltamivir)

Background
Tamiflu (oseltamivir phosphate), an antiviral drug, is an ethyl ester prodrug requiring ester hydrolysis for conversion to the active form, oseltamivir carboxylate. Oseltamivir carboxylate is an inhibitor of influenza virus neuraminidase affecting release of viral particles. Efficacy of oseltamivir in patients who begin treatment after 48 hours of symptoms has not been established (1).

Oseltamivir is not a substitute for early influenza vaccination on an annual basis as recommended by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) (1).

Regulatory Status
FDA-approved indications: Tamiflu is an influenza neuraminidase inhibitor (NAI) indicated for: (1)

1. Treatment of acute, uncomplicated influenza A and B in patients 2 weeks of age and older who have been symptomatic for no more than 48 hours
2. Prophylaxis of influenza A and B in patients 1 year and older

Limitations of Use: (1)

- Not a substitute for annual influenza vaccination.
- Consider available information on influenza drug susceptibility patterns and treatment effects when deciding whether to use

- Not recommended for patients with end-stage renal disease not undergoing dialysis.

Persons at high risk of complications from influenza should be considered for antiviral therapy. There is data to suggest that the highest risk of both mortality and serious morbidity (e.g., hospitalization) occurs for severely immunocompromised patients (e.g., hematopoietic stem cell transplant patients) and very elderly (age >85 years). Residents of nursing homes and infants aged <24 months also have high hospitalization rates but lower case-fatality rates than do the other 2 groups (2).

Examples of persons at high risk of complications would be (2):

- Unvaccinated infants aged 12-24 months
- Persons with asthma or other chronic pulmonary diseases, such as cystic fibrosis in children or chronic obstructive pulmonary disease in adults.
- Persons with hemodynamically significant cardiac disease
- Persons who have immunosuppressive disorders or who are receiving immunosuppressive therapy
- HIV-infected persons
- Persons with sickle cell anemia and other hemoglobinopathies
- Persons with diseases that require long-term aspirin therapy, such as rheumatoid arthritis or Kawasaki disease
- Persons with chronic renal dysfunction
- Persons with cancer
- Persons with chronic metabolic disease, such as diabetes mellitus
- Persons with neuromuscular disorders, seizure disorders, or cognitive dysfunction that may compromise the handling of respiratory secretions
- Adults aged >65 years
- Residents of any age of nursing homes or other long-term care institutions

Per the CDC, chemoprophylaxis is recommended 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 the influenza vaccination (3).

Related policies
Relenza, Xofluza

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Tamiflu may be considered **medically necessary** if the conditions indicated below are met.

Tamiflu may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Treatment of Influenza
    a. Age 2 weeks or older
    b. Onset of symptoms within the previous 48 hours
2. Prophylaxis of Influenza
    a. Age 1 year or older
    b. Patient has **ONE** of the following:
        i. High risk for complications
        ii. Immunocompromised
        iii. Resides in an institutional setting (e.g., long term care facilities)

Prior – Approval *Renewal* Requirements

Diagnosis

Patient must have the following:

1. Prophylaxis of Influenza
    a. Age 1 year or older
    b. Patient has **ONE** of the following:
        i. Immunocompromised
        ii. Resides in an institutional setting (e.g., long term care facilities)

Policy Guidelines

Pre - PA Allowance

Quantity

Strength	Quantity
30 mg	40 capsules **OR**
45 mg	20 capsules **OR**
75 mg	20 capsules **OR**
6 mg/mL suspension	360 mL

Duration 12 months

Prior - Approval Limits

Diagnosis	Strength	Quantity	Duration
Treatment of influenza*	30 mg	20 capsules **OR**	1 month
	45 mg	10 capsules **OR**	1 month
	75 mg	10 capsules **OR**	1 month
	6 mg/mL suspension	180 mL **OR**	1 month
Prophylaxis of influenza (high-risk patients)*	30 mg	50 capsules **OR**	2 months
	45 mg	50 capsules **OR**	2 months
	75 mg	50 capsules per **OR**	2 months
	6 mg/mL suspension	660 mL **OR**	2 months
Prophylaxis of influenza (immunocompromised or institutionalized patients)	30 mg	170 capsules **OR**	6 months
	45 mg	170 capsules **OR**	6 months
	75 mg	170 capsules **OR**	6 months
	6 mg/mL suspension	2640 mL	6 months

*Treatment of influenza and Prophylaxis of influenza (high-risk patients) are limited to one approval per rolling calendar year

Prior – Approval *Renewal* Limits

Diagnosis	Strength	Quantity	Duration
Prophylaxis of influenza (immunocompromised or institutionalized patients)	30 mg	170 capsules **OR**	6 months
	45 mg	170 capsules **OR**	6 months
	75 mg	170 capsules **OR**	6 months
	6 mg/mL suspension	2640 mL	6 months

Rationale

Summary
Tamiflu (oseltamivir phosphate), an antiviral drug, is an ethyl ester prodrug requiring ester hydrolysis for conversion to the active form, oseltamivir carboxylate. Oseltamivir carboxylate is an inhibitor of influenza virus neuraminidase affecting release of viral particles. Oseltamivir is not a substitute for early influenza vaccination on an annual basis as recommended by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) (1). Persons at high risk of complications from influenza should be considered for antiviral therapy. There is data to suggest that the highest risk of both mortality and serious morbidity (e.g., hospitalization) occurs for severely immunocompromised patients (e.g., hematopoietic stem cell transplant patients) and very elderly (age >85 years). Residents of nursing homes and infants aged <24 months also have high hospitalization rates but lower case-fatality rates than do the other 2 groups (2).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Tamiflu while maintaining optimal therapeutic outcomes.

References

1. Tamiflu [package insert]. South San Francisco, CA: Genentech, Inc; August 2019.
2. IDSA Seasonal Influenza in Adults and Children – Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management: Clinical Practice Guidelines of the Infectious Diseases Society of America. Clin Infect Dis. (2009) 48 (8): 1003-1032. http://cid.oxfordjournals.org/content/48/8/1003.1/F3.expansion.html.
3. Influenza Antiviral Medications: Summary for Clinicians (2018-2019 influenza season). Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD). https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#dosage.

Policy History

Date	Action
December 2005	The FDA approved the use of Tamiflu for the prevention of seasonal influenza in children 1 to 12 years of age who had close contact with an infected individual. The criteria have been updated to reflect this change.
November 2007	The criteria were updated to reflect the availability of Tamiflu 30mg and 45mg capsules.

March 2008	Addition of criteria requiring treatment to be started within 48 hours of symptoms to reflect FDA indications. Change in the quantity of suspension allowed both Pre and Post PA to reflect how suspension is supplied.
April 2009	Standard allowance increased due to the introduction of H1N1 flu and the possibility of contracting several different strains of flu during a 12 month period
December 2012	FDA approved the age requirement to be lowered from 1 year of age to 2 weeks of age in the treatment of influenza
March 2013	Annual editorial review. Preventative quantity limits revised.
March 2014	Annual review and reference update. Revised length of therapy for immunocompromised patients.
March 2015	Annual review and reference update.
March 2016	Annual editorial review. Policy number change from 5.04.04 to 5.01.19.
December 2017	Annual editorial review and reference update.
February 2018	Addition of renewal for prophylaxis of influenza in immunocompromised patients and patients in an institutional setting and the clarification of prophylaxis types to initiation
June 2018	Annual review and reference update
March 2019	Annual review and reference update
December 2020	Annual review and reference update
December 2021	Annual review
December 2022	Annual review. Changed policy number to 5.01.019
June 2023	Annual editorial review. Rearranged requirements for clarity
November 2023	Combined quantity limit charts. Added clarification that treatment of influenza and prophylaxis of influenza (high-risk) are limited to one approval per rolling calendar year
March 2024	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 8, 2024 and is effective on April 1, 2024.