

Bulletin #643

December 9, 2005

Oseltamivir (Tamiflu[®]) for NBPDP Beneficiaries in Long-term Care Facilities

Information for Pharmacies Providing Services to Licensed Nursing Homes

Oseltamivir (Tamiflu[®]) is available as a special authorization benefit for NBPDP beneficiaries who are residents of long-term care (LTC) facilities (refers to licensed nursing homes and does not include special care homes.) The following protocol has been developed by Public Health for the treatment of infected patients and management of influenza outbreaks in LTC facilities.

- When an attending physician or the LTC facility's Medical Advisor/House Physician determines influenza to be the cause of an outbreak, the Medical Officer of Health (MOH) will be contacted.
- If the MOH recommends antiviral use in a facility, the process for coverage depends on the drug recommended.
 - Amantadine:
 - Option for treatment or prophylaxis of influenza A unless resistance is noted or its use is contraindicated.
 - Regular NBPDP benefit
 - Oseltamivir:
 - Option for treatment or prophylaxis of influenza A or influenza B.
 - Special authorization NBPDP benefit
- When antiviral medication is being considered for treatment of a resident who is symptomatic, it is important to confirm that the influenza symptoms have been present for less than 48 hours. Antiviral medication is unlikely to benefit residents who have been ill for more than 48 hours.

The 2005-2006 National Advisory Committee on Immunization (NACI) Statement includes recommendations for amantadine and oseltamivir. (The full 2005-2006 NACI Statement including dosing guidelines can be accessed at: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/05vol31/acs-dcc-6/index.html>)

Process for Coverage and Ordering Oseltamivir

NBPDP Special Authorization Approval:

If oseltamivir is recommended by the MOH, the LTC facility's Medical Advisor/House Physician or other staff designated by the facility will notify the NBPDP of the decision to start oseltamivir therapy in that LTC facility by calling the NBPDP Inquiry line: 1-800-332-3691.

After hours, a message containing the following information will be left:

- Date of message
- Name and address of LTC facility
- Name of pharmacy filling the prescriptions for oseltamivir and
- Name and telephone number of a contact person at the LTC facility in case the NBPDP needs to clarify any details.

Obtaining Oseltamivir from the Manufacturer:

Roche Canada has temporarily suspended sales of oseltamivir and will only make it available to LTC facilities and hospitals after receipt of a written confirmation of an influenza outbreak from the LTC facility's Medical Advisor/House Physician or other staff designated by the facility.

LTC Facility:

The LTC facility's Medical Advisor/House Physician or other staff designated by the facility is responsible for providing written confirmation of the influenza outbreak.

1. Confirmation of the influenza outbreak and the name of the pharmacy that will be ordering the oseltamivir for the LTC facility is faxed to Roche Canada at: 1-800-436-3481. (Sample fax template for LTC facility to use attached.)
2. To avoid delays in approving the release of oseltamivir, the LTC facility's Medical Advisor/House Physician or other staff designated by the facility must also confirm the influenza outbreak and identify the pharmacy that will be ordering the oseltamivir by telephoning Roche Canada's 24-hour (7-days/week) order management department at: 1-800-268-0440.
3. The LTC facility will notify the appropriate pharmacy about the decision to start therapy so the pharmacy can make arrangements to obtain the required supply of oseltamivir.
4. A physician will authorize prescriptions for the residents.

Pharmacy:

The pharmacy contacts Roche Canada's 24-hour (7 days/week) order management department at: 1-800-268-0440. The pharmacy will be required to provide the following information:

- Name of the LTC facility for which the oseltamivir is being ordered
- Full shipping address
- Contact name and telephone number
- Quantity of blister packs (10 capsules per blister pack) required
- Purchase order number (if required)

Roche Canada has indicated all efforts will be made to deliver oseltamivir to pharmacies in a timely fashion.

On-Line Payment of Special Authorization Claims for Oseltamivir:

When notified by the LTC facility that oseltamivir therapy has been ordered for residents, NBPDP will initiate special authorization approval for all beneficiaries of Plan V (nursing home residents) in the facility. NBPDP will notify the pharmacy when special authorization for oseltamivir has been activated and the pharmacy can then bill claims on-line. Approval for oseltamivir for relief care residents who are not beneficiaries of Plan V must be done separately. The LTC facility must notify NBPDP if they have any relief care residents.

SPECIAL AUTHORIZATION CRITERIA

Oseltamivir
(*Tamiflu*®)
75mg capsules

For beneficiaries residing in long-term care facilities* during an influenza outbreak situation and further to the recommendation of a Medical Officer of Health:

- For treatment of long-term care residents with clinically suspected or lab confirmed influenza A or B. A clinically suspected case is one in which the patient meets the criteria of influenza-like illness and there is confirmation of influenza A or B circulating within the facility or surrounding community.
- For prophylaxis of long-term care residents where the facility has an influenza A or B outbreak. Prophylaxis should be continued until the outbreak is over. An outbreak is declared over 7 days after the onset of the last case in the facility.

* In these criteria, *long-term care facility* refers to a licensed nursing home and does not include special care homes.

OSELTAMIVIR (TAMIFLU®) FAX FORM

This is to confirm that an influenza outbreak has been identified in the following long-term care facility:

FACILITY IDENTIFICATION

Name: _____

Address: _____ (Street address)

_____ (City / Province)

_____ (Postal code)

MEDICAL ADVISOR/HOUSE PHYSICIAN or DESIGNATED STAFF

Name: _____ (Please print)

Title: _____ (Please print)

Tel: (____) _____

Fax: (____) _____

Signature: _____ Date: _____

PHARMACY THAT WILL DISPENSE OSELTAMIVIR (TAMIFLU®)

Name: _____

Tel: (____) _____

**PLEASE FAX TO ROCHE CANADA AT
1-800-436-3481**