

Bulletin #734

November 12, 2008

## 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 prophylaxis during influenza outbreaks in LTC facilities.

- In the event of a respiratory outbreak in a LTC facility, the attending physician or the facility's Medical Advisor/House Physician will consult with the regional MOH to determine if the cause of the outbreak is, or believed to be due to influenza.
- If the cause of the outbreak is determined to be, or likely to be, influenza, the MOH will make general recommendations regarding antiviral use in the facility. The responsibility for individual resident treatment decisions during the outbreak remains with the attending physician. The process for coverage is as follows:
  - Oseltamivir: Special authorization NBPDP benefit, Plan V only
    - Option for treatment or prophylaxis of influenza A or influenza B
  - Amantadine: Regular NBPDP benefit
    - **Note: Although amantadine has been an option in the past for the treatment and prophylaxis of influenza A, it is not currently recommended by the National Advisory Committee on Immunization (NACI) because of observed increased levels of resistance.**
- 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 2008-2009 NACI Statement provides information regarding vaccination as well as antiviral therapy, including recommendations for the use of oseltamivir. Amantadine is not recommended, however, this recommendation may be revised should new information become available. The full 2008-2009 NACI Statement, including dosing guidelines, can be accessed at:

<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/08vol34/acs-3/index-eng.php>.

## Process for Coverage of Oseltamivir

### NBPDP Special Authorization Approval:

If antiviral use 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 should 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.

The LTC facility's pharmacist should be contacted at the same time as the NBPDP to allow time to secure and dispense the quantity of oseltamivir required.

### 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*<sup>®</sup>) 75mg caps

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

- 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.