

Antiviral Coverage for Influenza-Like-Illness (ILI) for NBPDP Beneficiaries

Treatment of Influenza-Like-Illness:

Oseltamivir (Tamiflu®)

- 75 mg capsule
- 12 mg/mL oral suspension
- 15 mg/mL oral suspension (compounded – PIN 00903600)

Zanamivir (Relenza®)

- 5 mg powder for inhalation (not currently available in community pharmacies)

Until national direction on antiviral stock-pile release has been issued, the New Brunswick Prescription Drug Program (NBPDP) is providing coverage to its beneficiaries for treatment of Influenza-Like-Illness (ILI) with antivirals. Note: reimbursement will not be provided for prophylaxis except under the special authorization process outlined below for beneficiaries residing in licensed long-term care facilities (Plan V).

The Public Health Agency of Canada (PHAC) recommends that antivirals be used to treat people who have more severe illness, not people who are only mildly ill. Treatment is also recommended for anyone who is at high-risk of complications of seasonal influenza.

The Canadian National Advisory Committee on Immunization (NACI) considers the groups outlined in table 1 below to be at increased risk for complications from influenza.

Coverage under these criteria is an interim measure and will be re-evaluated throughout the influenza season and as other guidance documents are issued. Please refer regularly to the following website for future updates: <http://www.gnb.ca/flu>

Standard treatment is for 5 days and therapy should be started as soon as possible, within 48 hours of onset of symptoms. NBPDP reimbursement is limited to one standard 5 day treatment course.

It is very important that antivirals be prescribed and used appropriately. Unnecessary use will result in a decrease of community antiviral supplies and increase the risk of developing resistance to antivirals.

Table 1: High Risk Conditions Patient factors which may delay recovery from influenza infection and facilitate the development of influenza-related complications
Age: < 2 or ≥ 65
Pregnancy (2nd and 3rd trimesters)
Cardiovascular diseases: Congenital, rheumatic, ischemic heart disease, congestive heart failure
Bronchopulmonary diseases: asthma, bronchiectasis, chronic obstructive pulmonary disorder (COPD), cystic fibrosis
Metabolic diseases such as diabetes
Renal diseases
Malignancies
Immunodeficiency, AIDS, immunosuppression, transplant recipients
Diseases of the blood, anemia, hemoglobinopathy
Hepatic diseases, cirrhosis
Children less than 18 years of age with a condition requiring long-term salicylate therapy (Kawasaki disease, rheumatoid arthritis, acute rheumatic fever, others)

Prophylaxis during Influenza Outbreaks for Plan V (Nursing Home) Beneficiaries

Information for Pharmacies Providing Services to Licensed Nursing Homes

Treatment of ILI for Plan V beneficiaries is as outlined on page 1 of this bulletin.

Oseltamivir (Tamiflu®) is available for prophylaxis 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 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 prophylactic use in the facility. The responsibility for individual resident treatment decisions during the outbreak remains with the attending physician.

Listed below are links to interim guidance documents provided by the Public Health Agency of Canada (PHAC):

Interim Guidance: Infection Prevention and Control Measures for Health Care Workers in Long-term Care Facilities:

<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/hp-ps/prevention-eng.php>

Interim Guidance for the Management of Pandemic H1N1 2009 outbreaks in closed facilities:

<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-16-eng.php>

Process for Coverage of Oseltamivir for Prophylaxis

NBPDP Special Authorization Approval:

If antiviral prophylaxis 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.