



INLAND EMPIRE HEALTH PLAN

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

November 11, 2009

Interim Coverage Criteria of Tamiflu

Effective 11/12/2009, prescriptions for oseltamivir (Tamiflu) can be processed without prior authorization for IEHP members who meet the CDC criteria. The criteria remain the same as published by CDC.

Restricted to:

- Use in the treatment of individuals with confirmed, probable, or highly suspected swine-origin influenza A (H1N1) virus (S-OIV) infection; or
- Prophylaxis of swine-origin influenza A (H1N1) virus (S-OIV) infection for individuals:
 - In household close contact of a confirmed, probable or highly suspected case who are at high-risk for severe influenza; or
 - At high-risk for severe influenza who have had close contact with an infectious health care worker who is a confirmed or probable case; or
- Use in the treatment of acute illness due to influenza virus in patients at high risk of complications from influenza virus infections who have been symptomatic for no more than two days who either: (a) have underlying airway disease; or (b) are unable to use a hand held inhaler device.

Oseltamivir: Limited to a maximum of ten (10) capsules or 75 ml of oral suspension per dispensing

Restricted to 1 dispensing in each 6 month period

Use for the prevention of influenza virus, other than noted above, requires authorization.

Tamiflu Compounds:

Compounded Tamiflu Suspension can be processed as a Compound (compound indicator =2). Please be sure to utilize the appropriate Tamiflu NDC, and the **MAXIMUM ALLOWED** Amount listed below. IEHP will conduct Tamiflu claims review to ensure proper U&C is submitted.

Total Volume of Compounded oral suspension needed	30mL	40mL	50mL	60mL
Body Weight (kg)	15kg or less	16-23kg	24-40kg	---
Dose (mg)	30mg	45mg	60mg	---
Volume per dose (15mg/mL)	2 mL	3 mL	4 mL	---
Treatment Dose (for 5 days)	2 mL BID	3 mL BID	4 mL BID	---
Required Total Number of Tamiflu 75mg capsules	6 capsules	8 capsules	10 capsules	---
Required Total Volume of vehicle (Cherry syrup or ora-sweet SF)	29 mL	38.5 mL	48 mL	---
IEHP Compounding Instructions	Bill 6 capsules + compounding fee	Bill 8 capsules + compounding fee	Bill 10 capsules + compounding fee	Dispense Gelcap only
Total Submitted Fee Allowed	\$65	\$81	\$97	---