

Antiviral Dispensing for Pandemic H1N1 – FAQs November 23, 2009

New/Updated FAQs

Can I dispense Tamiflu® from the provincial stockpile to treat influenza-like illness (ILI) if the prescription is not written “Tamiflu BID x 5 days”?

- If there is a prescription for treatment of ILI outside of the standard guidelines, contact the prescriber for clarification, or if you are unable to contact the prescriber, speak to the patient about the indication. Some patients with ILI may have been given several doses of Tamiflu® in the hospital, and are released with prescriptions for the remaining treatment doses, for example: “Tamiflu BID x 3 days”.
- Antivirals prescribed for the treatment (or continuation of treatment) of ILI should be dispensed from the provincial stockpile at no cost to the patient.
- Document your rationale on the hard copy in all circumstances.

Must I verify that a patient who presents with a prescription written for the treatment of influenza (e.g., “Tamiflu 75mg BID x 5 days”) meets the Ministry’s guidelines prior to dispensing antivirals from the provincial stockpile?

- Updated guidelines (November 13, 2009) allow access to the provincial stockpile of antivirals for treatment of all patients with ILI, as clinically warranted. There is also new guidance on antiviral use beyond the 48 hour window.
- The ministry does not require pharmacists to call the prescriber to verify the prescription each time they dispense medication from the provincial stockpile.
- However, if it is clear that a physician has chosen to prescribe antivirals in a manner that is inconsistent with current ministry treatment guidelines (e.g., the physician has prescribed antivirals for pre-exposure prophylaxis), the prescription cannot be filled using the provincial stockpile. In these cases, the pharmacist would dispense medication from their own inventory and the patient would pay for the drug, either directly or through their private drug plan. In the event that the indication for the prescription is not clear and the prescriber is unavailable for verification, the pharmacist shall use his/her professional judgment when dispensing and shall document accordingly.

What is the new guidance for prescribers on the use of antivirals beyond the 48 hour window?

Although not generally recommended, if it is clinically warranted in the prescriber’s professional judgment, antivirals may be initiated even if a patient presents more than 48 hours after symptom onset.

What about a prescription written for post-exposure prophylaxis (e.g., written “Tamiflu once daily x 10 days”)

- Post-exposure prophylaxis with oseltamivir (Tamiflu®) may only be provided from the provincial supply in limited circumstances, e.g., a confirmed influenza outbreak in a closed facility. **Provincial supply may be used for both residents and staff of closed facilities, if required.**

1) The provincial supply currently only includes oseltamivir (Tamiflu®) capsules. What can I do for patients who cannot tolerate capsules?

- Pharmacists can extemporaneously compound oseltamivir oral liquid based on the Tamiflu® e-CPS monograph, under “Administration”. A reference handout from Roche is available on OPA’s website <http://www.opatoday.com/H1N1FluVirus.asp>, or by emailing OPA at info@opatoday.com.

- Contact your Drug Information Service provider for information on alternative vehicles in which to suspend oseltamivir (Tamiflu®). DIRC subscribers can call 1-800-268-8058.

2) Can Tamiflu capsules be opened and mixed with food in case patients cannot swallow the capsule whole, and the oral suspension is not available/cannot be compounded because the suspending agent is not available?

- According to the product monograph in the e-CPS, if Tamiflu® oral suspension is not available Tamiflu® capsules may be opened and mixed with sweetened liquids such as regular or sugar-free chocolate syrup on a dose by dose basis.
http://www.cdc.gov/h1n1flu/antivirals/mixing_tamiflu_qa.htm

3) What should I do if a prescriber writes a prescription for zanamivir (Relenza®)?

- Relenza® is not currently available to pharmacies as part of the provincial supply. Contact the prescriber to see if Tamiflu® can be prescribed instead. If the prescriber insists on Relenza® for the patient, the pharmacist can dispense it as a regular prescription from his/her own inventory.

4) Can Nurse Practitioners (NPs) prescribe oseltamivir (Tamiflu®) and zanamivir (Relenza®)?

- Yes, both oseltamivir (Tamiflu®) and zanamivir (Relenza®) are on the list of drugs that Nurse Practitioners (NP / RN[EC]) can prescribe.
http://www.cno.org/docs/prac/062007_Rneclablist.html#drugs

5) How can I re-order the provincial supply of antivirals?

- When a pharmacy has only a two day supply of antivirals from the provincial stockpile remaining (based on average daily use), they are eligible for re-supply at no cost to the pharmacy. Contact McKesson Canada at 1-877-671-1335.

6) Who owns the provincial supply of antivirals that will be distributed to my pharmacy?

- The Ministry of Health and Long-Term Care (MOHLTC) owns the antivirals that are distributed from the provincial stockpile until they are dispensed to the patient.

7) Should I separate the provincial antivirals from my own commercial stock (if any)?

- Yes, antivirals from the provincial supply should be stored **separately from the commercial supply**. Pharmacists are also expected to maintain proper storage and security of antivirals consistent with standards of practice of the Ontario College of Pharmacists.

8) Will my dispensary software be updated to allow for the proper adjudication of this provincial stock?

- Yes, software vendors have been contacted and will be ensuring that your software is enabled. Contact your software vendor if you have any questions.

9) What are the implications of stocking and dispensing the provincial supply of antivirals?

- Antivirals distributed from the provincial stockpile are owned by the MOHLTC until they are dispensed to the patient.
- The logistics provider will keep track of inventory distributed to each pharmacy.
- The logistics provider will be able to redistribute a previously distributed antiviral supply to other locations depending on the need at that time.
- Pharmacists will only dispense the provincial supply of antivirals to patients pursuant to a prescription from an authorized prescriber in line with the provincial recommendations (i.e., treatment of influenza OR post-exposure prophylaxis in limited cases). More information on the recommendations can be found in Section 6.2 in the MOHLTC's Guidance Document for Pharmacies.
http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/docs/pharmacies_guidance.pdf
- Pharmacists will bill the HNS for dispensing antivirals from the provincial supply through the patient's OHIP card and receive a \$7 dispensing fee.
- If a prescription is written for Tamiflu® oral liquid (not part of the provincial stockpile), the pharmacist can extemporaneously compound this from Tamiflu® 75 mg capsules and bill the MOHLTC though PIN 9857896 which will allow an additional \$4 compounding fee to be added to the \$7 professional fee (\$11 total).
 - Pharmacists can begin billing the extra \$4 fee through the HNS effective November 3, 2009. The total amount (\$11) must be submitted in the professional fee field of the claim.
- Patients will receive the medication at no charge.
- Pharmacists are responsible for the security of the provincial supply. Security considerations may need to be established if there is a significant change to the pandemic situation.
- The HNS agreement covers pharmacies using and billing the provincial antiviral supply.
- A monitoring process will be in place to ensure the provincial supply is being dispensed appropriately.

10) How do I bill the provincial supply of antivirals to the government?

- To bill a dispensing fee, the pharmacist will use the patient's OHIP card and bill the HNS system using a PIN and intervention codes as found in the Ministry's Guidance Document.

Product	HNS PIN
Relenza® dry powder for inhalation (5 mg/blister)	Flu Response PIN: 9857891 * Note Relenza is not being released from the provincial supply at this point in time.
Tamiflu® (30 mg capsule)	Flu Response PIN: 9857892
Tamiflu® (45 mg capsule)	Flu Response PIN: 9857893
Tamiflu® (75 mg capsule)	Flu Response PIN: 9857894
Oseltamivir Extemporaneous Compound	Flu Response PIN: 9857896

11) What if a patient does not have an OHIP card (e.g., they are out of province, Refugee status, etc.)

- If the patient does not have a valid OHIP card, please contact the Ministry's Healthcare Provider Hotline 1-866-212-2272 for the process by which the patient can receive the pandemic supply of antivirals at no cost.

12) How can I differentiate the dose of oseltamivir (Tamiflu®) for treatment from the dose for prophylaxis?

- Treatment doses are prescribed BID x 5 days
- Doses for prophylaxis are prescribed once daily for 10 – 14 days

*Note: post-exposure prophylaxis with oseltamivir (Tamiflu®) may be provided from the provincial supply in limited circumstances, such as an influenza outbreak in a closed facility.

13) What are typical doses of oseltamivir (Tamiflu®)?

- Oseltamivir (Tamiflu®) dosing for adults and adolescents 13 years and older:

Treatment	Prophylaxis
75 mg po BID x 5 days	75 mg po once a day for 10 – 14 days

- Oseltamivir (Tamiflu®) dosing for children between 1 year - 12 years old:

Weight	Treatment dose	Prophylaxis dose
≤ 15 kg	30 mg po BID x 5 days	30 mg po once a day for 10 – 14 days
> 15 kg to 23 kg	45 mg po BID x 5 days	45 mg po once a day for 10 – 14 days
> 23 kg to 40 kg	60 mg po BID x 5 days	60 mg po once a day for 10 – 14 days
> 40 kg	75 mg po BID x 5 days	75 mg po once a day for 10 – 14 days

- Oseltamivir (Tamiflu®) dosing for children under 1 year of age*:
 - Weight based dosing: < 9 months: 3 mg/kg BID x 5 days
 - Weight based dosing: ≥ 9 months: 3.5 mg/kg BID x 5 days

14) A prescriber has written "Tamiflu as directed x 10 capsules" I am not sure if it is for treatment or prophylaxis. What should I do?

- As per normal protocol, the pharmacist will make all reasonable efforts to contact the prescriber to clarify whether the dose is for treatment or prophylaxis. Clarification is necessary in order to determine:
 - how to advise the patient on proper dosing, and
 - if dispensing can proceed using inventory from the provincial stockpile.
- If it is not possible to obtain clarification from the prescriber within a reasonable time, it is recommended that the pharmacist inquire of the patient on the indication, use professional judgment and document accordingly on the hard copy of the prescription to support the decision in the event of a Ministry audit.

15) Must I verify whether a patient has been diagnosed with influenza-like illness if they present with a prescription written for treatment (e.g., "Tamiflu 75 mg BID x 5 days")?

- It is assumed that the prescriber has made the proper diagnosis, and the pharmacist does not need to verify the indication in this case.

16) Must I verify that a patient who presents with a prescription written for the treatment of influenza (e.g., “Tamiflu 75 mg BID x 5 days”) meets the Ministry's guidelines prior to dispensing antivirals from the provincial stockpile?

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18) What should I do if a patient tells me that they have received the treatment dose of Tamiflu from their prescriber to fill “just in case” they become ill?

- Since you have knowledge that the patient does not meet Ministry criteria to receive antivirals from the provincial stockpile (patient must have ILI to qualify), the pharmacist can either fill the prescription from their commercial inventory at the usual cost or offer to place the prescription “On Hold” for the patient, for when they do develop symptoms of influenza-like illness.
- If the patient becomes ill, they can call the pharmacy to fill the antiviral prescription. We recommend that they ask a family member or other agent to pick up the prescription for them, or if the pharmacy has delivery services, these may be used as well.

19) What should I do if I receive an unusual prescription for oseltamivir (Tamiflu®) outside of usual prescribing practices (e.g., large quantities, suspected fraud, multiple scripts)?

- Exercise your professional judgment and contact the prescriber as necessary.

20) Can a prescriber write one prescription when treating an entire family?

- Standard rules apply when filling prescriptions. Each family member must have an individualized prescription. Prescriptions for treatment with antivirals from the provincial supply must be adjudicated against each patient’s OHIP number.

21) If I am providing antivirals to patients with influenza-like illness (ILI) how can I protect myself and prevent the spread of the virus within the pharmacy?

- The Ontario College of Pharmacists has developed infection control recommendations for pharmacists. These can be found at: [http://www.opatoday.com/members/documents/Infection_Control_Resources_for_Pharmacists%20\(OCP\).pdf](http://www.opatoday.com/members/documents/Infection_Control_Resources_for_Pharmacists%20(OCP).pdf)
- The MOHLTC includes infection control recommendations for pharmacists in the Guidance Document for Pharmacists. http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/docs/pharmacies_guidance.pdf

22) What should patients know about H1N1 and staying healthy?

- A downloadable H1N1 Flu kit is available from the Ontario Community Pharmacies website <http://ontario.communitypharmacies.ca> to teach patients what they can do to stay healthy this flu season.
- The MOHLTC has patient information about H1N1 available in over 25 different languages on their website www.health.gov.on.ca/english/public/updates/archives/hu_09/media/languages.html

23) What do I do with any unused provincial inventory that remains 'after' the pandemic?

- This information will be forthcoming.

24) Who should I contact if I have further questions?

- Email OPA at info@opatoday.com or call 1-877-341-0788
- Call the Healthcare Provider Hotline 1-866-212-2272