The Medical Letter®
on Drugs and Therapeutics

Comparison Chart: ANTIVIRAL DRUGS FOR SEASONAL INFLUENZA FOR 2024-2025

Updated December 9, 2024

ANTIVIRAL DRUGS FOR SEASONAL INFLUENZA FOR 2024-2025

DRUG/FORMULATIONS	ROUTE	TREATMENT	CHEMOPROPHYLAXIS	COST[1]
Neuraminidase Inhibitors				
Oseltamivir – generic *Tamiflu* (Genentech) 30, 45, 75 mg caps; 6 mg/mL oral susp	Oral NG tube	▪ FDA-approved for treatment of acute uncomplicated influenza in patients ≥2 weeks old who have been symptomatic for ≤48 hours ▪ Preferred for treatment of influenza in pregnant women, hospitalized patients, and outpatients with severe, complicated, or progressive illness	▪ FDA-approved for chemoprophylaxis of influenza in patients ≥1 year old	$27.00 152.00
Peramivir – *Rapivab* (BioCryst) 200 mg/20 mL single-use vials	IV	▪ FDA-approved for treatment of acute uncomplicated influenza in otherwise healthy patients ≥6 months old who have been symptomatic for ≤48 hours ▪ Not recommended for treatment of severe influenza (can be considered for patients who cannot tolerate oseltamivir)	▪ Not FDA-approved for chemoprophylaxis	950.00
Zanamivir – *Relenza* (GSK) 5 mg blisters of powder for inhalation	Inhalation	▪ FDA-approved for treatment of acute uncomplicated influenza in patients ≥7 years old who have been symptomatic for ≤48 hours ▪ Not recommended for patients with underlying airway disease ▪ Not recommended for treatment of severe influenza	▪ FDA-approved for chemoprophylaxis of influenza in patients ≥5 years old	59.00
Cap-dependent Endonuclease Inhibitor				
Baloxavir marboxil – *Xofluza* (Genentech) 40, 80 mg tabs; 40 mg/20 mL oral susp	Oral	▪ FDA-approved for treatment of acute uncomplicated influenza in patients ≥5 years old who are otherwise healthy or at high risk of influenza-related complications and symptomatic for ≤48 hours ▪ No data in patients with severe influenza ▪ Not recommended for use in severely immunocompromised persons or pregnant women	▪ FDA-approved for chemoprophylaxis of influenza in patients ≥5 years old	164.00

RECOMMENDATIONS FOR ANTIVIRAL TREATMENT[2,3]

- Antiviral treatment should be started as soon as possible; it is most effective when started within 48 hours after illness onset
- Antiviral treatment is recommended for patients with suspected or confirmed influenza who are hospitalized, have severe, complicated, or progressive illness, or are at increased risk for complications, even if it is started >48 hours after illness onset
- Antiviral treatment can be considered for otherwise healthy symptomatic outpatients with suspected or confirmed influenza who are not at increased risk for influenza complications if it can be started within 48 hours after illness onset

PREGNANCY AND LACTATION

- Oseltamivir is preferred for treatment of women who are pregnant, ≤2 weeks postpartum, or breastfeeding
- Oseltamivir and zanamivir appear to be safe for use during pregnancy; fewer data are available on use of peramivir
- Baloxavir is not recommended for use in pregnant or breastfeeding women because no data are available
- Oseltamivir is preferred for chemoprophylaxis in pregnant women and women ≤2 weeks postpartum

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ANTIVIRAL DRUGS FOR SEASONAL INFLUENZA FOR 2024-2025 (continued)

DRUG	USUAL TREATMENT DOSAGE	USUAL CHEMOPROPHYLAXIS DOSAGE
OSELTAMIVIR *(TAMIFLU)*		
ADULT	75 mg PO bid x 5 days	75 mg PO once/day x 7 days
PEDIATRIC	**<2 wks old:** 3 mg/kg PO bid x 5 days (CDC)[4] **≥2 wks-<1 yr:** 3 mg/kg PO bid x 5 days (9-11 months: AAP recommends 3.5 mg/kg)[5] **1-12 yrs:** 30-75 mg PO bid x 5 days (≤15 kg: 30 mg; >15-23 kg: 45 mg; >23-40 kg: 60 mg; >40 kg: 75 mg) **≥13 yrs**: 75 mg PO bid x 5 days	**<3 mos:** not recommended **3 mos-1 yr:** 3 mg/kg PO once/day x 7 days (CDC & AAP)[6] **1-12 yrs:** 30-75 mg PO once/day x 7 days (≤15 kg: 30 mg; >15-23 kg: 45 mg; >23-40 kg: 60 mg; >40 kg: 75 mg) **≥13 yrs:** 75 mg PO once/day x 7 days
RENAL	**Adults and children >40 kg (CDC):** ▪ CrCl 31-60 mL/min: 30 mg bid ▪ CrCl 11-30 mL/min: 30 mg once/day ▪ HD: 30 mg after every HD (may be started immediately if influenza symptoms develop between HD sessions) ▪ CAPD: 30 mg once immediately ▪ ESRD (not on HD): not recommended	**Adults and children >40 kg (CDC):** ▪ CrCl 31-60 mL/min: 30 mg once/day ▪ CrCl 11-30 mL/min: 30 mg every other day ▪ HD: 30 mg after every other HD (initial dose can be given before start of HD) ▪ CAPD: 30 mg immediately and then once/week after exchange ▪ ESRD (not on HD): not recommended
PERAMIVIR *(RAPIVAB)*		
ADULT	600 mg IV over 15-30 minutes once	Not FDA-approved for chemoprophylaxis
PEDIATRIC	**6 months-12 yrs:** 12 mg/kg (max 600 mg) IV over 15-30 mins once **≥13 yrs:** 600 mg IV over 15-30 mins once	Not FDA-approved for chemoprophylaxis
RENAL	**2-12 yrs:** ▪ CrCl 30-49 mL/min: 4 mg/kg IV once ▪ CrCl 10-29 mL/min: 2 mg/kg IV once **≥13 yrs:** ▪ CrCl 30-49 mL/min: 200 mg IV once ▪ CrCl 10-29 mL/min: 100 mg IV once ▪ HD: administer dose after HD (based on CrCl)	
ZANAMIVIR *(RELENZA)*		
ADULT	2 inhalations bid x 5 days	2 inhalations once/day x 7 days
PEDIATRIC	**≥7 yrs:** 2 inhalations bid x 5 days	**≥5 yrs:** 2 inhalations once/day x 7 days
BALOXAVIR *(XOFLUZA)*		
ADULT	**<80 kg:** 40 mg PO once **≥80 kg:** 80 mg PO once	**<80 kg:** 40 mg PO once **≥80 kg:** 80 mg PO once
PEDIATRIC	**≥5 yrs and <80 kg:** 40 mg PO once **≥5 yrs and ≥80 kg:** 80 mg PO once	**≥5 yrs and <80 kg:** 40 mg PO once **≥5 yrs and ≥80 kg:** 80 mg PO once

DURATION OF THERAPY

TREATMENT:

- Oseltamivir or zanamivir should be given for 5 days; peramivir and baloxavir are given as single doses
- In hospitalized, critically ill, or immunocompromised patients, a longer treatment course of oseltamivir (e.g., 10 days) is often used. IV peramivir for at least 5 days may be considered for hospitalized, critically ill patients, or immunocompromised patients who cannot tolerate or absorb oral or enterically administered oseltamivir because of gastric stasis, malabsorption, or GI bleeding

CHEMOPROPHYLAXIS:

- The CDC recommends oseltamivir or zanamivir be continued for 7 days after the last known exposure; baloxavir is given as a single dose
- For institutional outbreaks, the CDC recommends that chemoprophylaxis with oseltamivir or zanamivir be given for at least 2 weeks and continued for up to 1 week after the end of the outbreak

ADMINISTRATION

- Taking oseltamivir with food may improve tolerability
- Oseltamivir capsules can be opened and the contents mixed in a thick sweetened liquid to mask the bitter taste and consumed immediately
- Oseltamivir can be given by oro/nasogastric tube to patients who are unable to swallow
- Baloxavir suspension must be used within 10 hours after reconstitution

AAP = American Academy of Pediatrics; CAPD = continuous ambulatory peritoneal dialysis; CDC = Centers for Disease Control; ESRD = end-stage renal disease; HD = hemodialysis

ANTIVIRAL DRUGS FOR SEASONAL INFLUENZA FOR 2024-2025 (continued)

SOME ADVERSE EFFECTS

NEURAMINIDASE INHIBITORS AND BALOXAVIR:

- Neuropsychiatric events have been reported, but a causal relationship has not been established
- Neuropsychiatric dysfunction can be a complication of influenza itself
- Hypersensitivity reactions

OSELTAMIVIR:

- Nausea, vomiting, headache

PERAMIVIR:

- Diarrhea, neutropenia

ZANAMIVIR:

- Diarrhea, nausea, sinusitis, fever, arthralgia
- Bronchospasm; not recommended in patients with underlying airway disease
- Contains lactose; contraindicated in patients with a history of milk protein allergy

BALOXAVIR:

- Nausea and vomiting; incidence appears to be lower than with oseltamivir

DRUG INTERACTIONS

With Intranasal Live-Attenuated Influenza Vaccine *(Flumist)*:

- Antivirals could inhibit replication of vaccine virus and reduce vaccine efficacy
- Avoid **oseltamivir** or **zanamivir** within 48 hours before, **peramivir** within 5 days before, or **baloxavir** within 17 days before vaccine administration
- Revaccination with an inactivated or a recombinant age-appropriate influenza vaccine is recommended in persons who receive any one of these antiviral drugs during these specified times and through 2 weeks after receiving the intranasal live-attenuated influenza vaccine

With Polyvalent Cations:

- Coadministration of dairy products, beverages, antacids, laxatives, multivitamins, or other products containing polyvalent cations (e.g., calcium, aluminum, iron, magnesium, selenium, zinc) can reduce serum concentrations of **baloxavir** and should be avoided.

ACTIVITY/RESISTANCE

- Neuraminidase inhibitors and baloxavir have activity against influenza A and B viruses
- Over 99% of recently circulating influenza virus strains tested by the WHO have been susceptible to neuraminidase inhibitors
- Reduced susceptibility of some influenza virus strains, particularly influenza A(H1N1) viruses, to oseltamivir or peramivir can emerge during or after treatment, especially in young children and immunocompromised patients with prolonged viral shedding
- Resistant isolates have usually remained susceptible to zanamivir, but reduced susceptibility to zanamivir has been reported
- Baloxavir is not recommended for severely immuno-compromised patients because of concerns about emergence of resistance

References:

1. Approximate WAC for 5 days' treatment with oseltamivir capsules or zanamivir, or for a single treatment dose of peramivir or baloxavir, at the usual adult dosage. WAC = wholesaler acquisition cost, or manufacturer's published price to wholesalers; WAC represents published catalogue or list prices and may not represent an actual transactional price. Source: Analysource® Monthly. November 5, 2024. Reprinted with permission by First Databank, Inc. All rights reserved. ©2024. www.fdbhealth.com/policies/drug-pricing-policy.
2. CDC. Influenza antiviral medications: summary for clinicians. December 8, 2023. Available at: https://bit.ly/4hOmMqM. Accessed November 21, 2024.
3. Antiviral drugs for influenza for 2024-2025. Med Lett Drugs Ther 2024; 66:193.
4. Although not FDA-approved for use in children <2 weeks old, the CDC recommends children <2 weeks old be treated with 3 mg/kg bid. For treatment of premature infants, refer to CDC recommendations (www.cdc.gov/flu).
5. The American Academy of Pediatrics has recommended a dose of 3.5 mg/kg for infants 9-11 months old based on the results of a study showing that a higher dose was needed to achieve the target exposure in this age group (DW Kimberlin et al. J Infect Dis 2013;207:709).
6. Although not FDA-approved for prophylaxis in children <1 year old, the American Academy of Pediatrics and CDC recommend that children 3 months-<1 year old receive 3 mg/kg once/day. Chemoprophylaxis is generally not recommended for premature infants or infants <3 months old.

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Address:
The Medical Letter, Inc.
145 Huguenot St. Ste. 312
New Rochelle, NY 10801-7537
www.medicalletter.org

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