

Oral Antiviral Flu Prevention and Treatment Dosing Information



The flu vaccination is available through Superior HealthPlan medical providers or participating pharmacies. Please review the [Centers for Disease Control and Prevention \(CDC\)](#) information below regarding individuals who are high risk, reminders and recommendations for using oral antiviral medications (Tamiflu®, Relenza®, and Xofluza®) dosing information.

Priority Groups for Antiviral Treatment of Influenza

- Antiviral treatment is recommended as soon as possible for any patient with suspected or confirmed influenza and:
 - Is hospitalized.
 - Has severe, complicated or progressive illness.
 - Is at higher risk for influenza complications.

People at Higher Risk for Influenza Complications Recommended for Antiviral Treatment Include:

- Children younger than 5 years of age, but especially those younger than 2 years of age.
- Adults 65 years of age and older.
- People with chronic lung disease such as chronic obstructive pulmonary disorder, cystic fibrosis or asthma.
- People with cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease) or metabolic disorders (including diabetes mellitus).
- People with neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle, such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy or spinal cord injury).
- People with immunosuppression, including that caused by medications or by HIV infection.
- Women who are pregnant or postpartum (within 2 weeks after delivery).
- People younger than 19 years of age who are receiving long-term aspirin therapy or salicylate-containing medications.
- People from certain racial and ethnic minority groups are at increased risk for hospitalization with flu, including non-Hispanic Black persons, Hispanic or Latino persons, and American Indian or Alaska Native persons.
- People who are morbidly obese (i.e., Body Mass Index (BMI) is equal to or greater than 40).
- Residents of nursing homes and other chronic care facilities.
- People with a current diagnosis of cancer or has a history of cancer.

Reminders Regarding Antiviral Prophylaxis of Influenza:

- Annual influenza vaccination is the best way to prevent influenza because vaccination can be given well before influenza virus exposures occur, and can provide safe and effective immunity, starting approximately 2 weeks after vaccination and lasting throughout the influenza season.

- The CDC does not recommend widespread or routine use of antiviral medications for chemoprophylaxis, in efforts to limit the possibilities that antiviral resistant viruses could emerge. Indiscriminate use of chemoprophylaxis might promote resistance to antiviral medications or reduce antiviral medication availability for treatment of people at higher risk for influenza complications or those who are severely ill.
- In general, the CDC does not recommend seasonal or pre-exposure antiviral chemoprophylaxis, but antiviral medications can be considered for chemoprophylaxis in certain situations.
 - The following are examples of situations where antiviral medications can be considered for chemoprophylaxis to prevent influenza:
 - Prevention of influenza in people at high risk of influenza complications during the first 2 weeks following vaccination after exposure to an infectious person.
 - Prevention for people with severe immune deficiencies or others who might not respond to influenza vaccination, such as people receiving immunosuppressive medications, after exposure to an infectious person.
 - Prevention for people at high risk for complications from influenza who cannot receive influenza vaccine due to a contraindication after exposure to an infectious person.
 - Prevention of influenza among residents of institutions, such as long-term care facilities, during influenza outbreaks in the institution. For more information, reference the [Infectious Diseases Society of America \(IDSA\) Practice Guidelines webpage](#).
- An emphasis on close monitoring and early initiation of antiviral treatment if fever and/or respiratory symptoms develop is an alternative to chemoprophylaxis after a suspected exposure for some people.
- To be effective as chemoprophylaxis, an antiviral medication must be taken each day for the duration of potential exposure to a person with influenza and continued for 7 days after the last known exposure. For people taking antiviral chemoprophylaxis after inactivated influenza vaccination, the recommended duration is until immunity after vaccination develops (antibody development after vaccination takes about 2 weeks in adults and can take longer in children, depending on age and vaccination history).
- Antiviral chemoprophylaxis generally is not recommended if more than 48 hours have elapsed since the first exposure to an infectious person.
- Patients receiving antiviral chemoprophylaxis should be encouraged to seek medical evaluation as soon as they develop a febrile respiratory illness that might indicate influenza.

Tamiflu Standard Dosing Information for Treatment:

Per the July 24, 2026, [Texas Vendor Drug Program \(VDP\) Preferred Drug List \(PDL\)](#), generic oseltamivir (Tamiflu) capsules and oral suspension are preferred, while brand Tamiflu capsules and oral suspension are non-preferred.

Antiviral Agent	Activity Against	Use	Recommended For	Children	Adults	Duration	Adverse Events
Tamiflu® (oseltamivir)	Influenza A and B	Treatment(5 days)	Any age	2 weeks to 1 year old: 3 mg/kg/dose twice daily If 1 year or older, dose varies by child's weight: 15 kg or less, the dose is 30 mg twice a day >15 to 23 kg, the dose is 45 mg twice a day >23 to 40 kg, the dose is 60 mg twice a day >40 kg, the dose is 75 mg twice a day	75 mg twice daily	Recommended duration for antiviral treatment is 5 days for oseltamivir	Adverse events: nausea, vomiting.

Tamiflu Prophylaxis Information:

Antiviral Agent	Activity Against	Use	Recommended For	Children	Adults	Duration	Adverse Events
Tamiflu® (oseltamivir)	Influenza A and B	Prophylaxis	3 months and older	Safety and efficacy has not been established for prophylaxis for pediatric patients <1 year old If 1 year or older, dose varies by child's weight: • 15 kg or less, the dose is 30 mg once a day • >15 to 23 kg, the dose is 45 mg once a day • >23 to 40 kg, the dose is 60 mg once a day • >40 kg, the dose is 75 mg once a day	75 mg once daily	Recommended duration is 7 days (after last known exposure). For control of outbreaks in institutional settings (e.g. long-term care facilities for elderly people and children) and hospitals, CDC recommends antiviral chemoprophylaxis for a minimum of 2 weeks, and continuing up to 1 week after the last known case was identified. Antiviral chemoprophylaxis is recommended for all residents, including those who have received influenza vaccination, and for unvaccinated institutional employees.	Adverse events: nausea, vomiting.

Xofluza® Standard Dosing Information for Treatment:

Per the July 24, 2026, [Texas Vendor Drug Program \(VDP\) Preferred Drug List \(PDL\)](#), Xofluza is a non-preferred medication on the TX Medicaid formulary. Trial of a preferred medication [generic oseltamivir(Tamiflu)] is required.

Antiviral Agent	Activity Against	Use	Recommended For	Children	Adults	Duration	Adverse Events
Xofluza (baloxavir marboxil)	Influenza A and B	Treatment (1 day)	≥5 years old	Oral Tablet • 20 to <80kg, dose is one 40mg tablet • ≥80kg, dose is one 80mg tablet Oral Suspension • <20 kg, dose is 2 mg/kg as a single dose • 20 to <80 kg, the dose is 40 mg (20mL) as a single dose • ≥80 kg, the dose is 80 mg (40mL) as a single dose	Oral Tablet • 20 to <80kg, dose is one 40mg tablet • ≥80kg, dose is one 80mg tablet Oral Suspension • <20 kg, dose is 2 mg/kg as a single dose • 20 to <80 kg, the dose is 40 mg (20mL) as a single dose • ≥80 kg, the dose is 80 mg (40mL) as a single dose	1 Day	Diarrhea, bronchitis, headache, and nausea

Xofluza® Prophylaxis Information:

Antiviral Agent	Activity Against	Use	Recommended For	Children	Adults	Duration	Adverse Events
Xofluza (baloxavir marboxil)	Influenza A and B	Post-exposure Prophylaxis (1 day)	≥5 years old	Oral Tablet • 20 to <80kg, dose is one 40mg tablet • ≥80kg, dose is one 80mg tablet Oral Suspension • <20 kg, dose is 2 mg/kg as a single dose • 20 to <80 kg, the dose is 40 mg (20mL) as a single dose • ≥80 kg, the dose is 80 mg (40mL) as a single dose	Oral Tablet • 20 to <80kg, dose is one 40mg tablet • ≥80kg, dose is one 80mg tablet Oral Suspension • <20 kg, dose is 2 mg/kg as a single dose • 20 to <80 kg, the dose is 40 mg (20mL) as a single dose • ≥80 kg, the dose is 80 mg (40mL) as a single dose	1 Day	Diarrhea, bronchitis, headache, and nausea

Relenza® Standard Dosing Information for Treatment:

Per the July 24, 2026, [Texas Vendor Drug Program \(VDP\) Preferred Drug List \(PDL\)](#), Relenza is a **non-preferred** medication on the TX Medicaid formulary. Trial of a preferred medication [generic oseltamivir (Tamiflu)] is required.

Antiviral Agent	Activity Against	Use	Recommended For	Children	Adults	Duration	Adverse Events
Relenza (zanamivir)	Influenza A and B	Treatment (5 days)	≥7 years old	Inhalation 10 mg (2 inhalations) twice daily for 5 days	Inhalation 10 mg (2 inhalation s) twice daily for 5 days	5 Days	Bronchospasm, allergic reactions, neuropsychiatric events,

Relenza® Prophylaxis Information:

Antiviral Agent	Activity Against	Use	Recommended For	Children	Adults	Duration	Adverse Events
Relenza (zanamivir)	Influenza A and B	Prophylaxis (10 or 28 days)	≥5 years old	Household Setting 10 mg (2 inhalations) once daily for 10 days Community Outbreak 10 mg (2 inhalations) once daily for 28 days	Household Setting 10 mg (2 inhalation s) once daily for 10 days Community Outbreak 10 mg (2 inhalation s) once daily for 28 days	10 or 28 Days	Bronchospasm, allergic reactions, neuropsychiatric events,