Case study: Focus on compliance with therapy

One-dose intravenous neuraminidase inhibitor in patients who are nonadherent to a multiday treatment course

THE CHALLENGE:

During the influenza season, which usually peaks between the months of December and March, doctors’ offices and emergency departments (EDs) see a great deal of patients presenting with influenza-like illnesses. Although previously healthy individuals often recover from influenza within 5 to 7 days without treatment, some at highest risk of serious complications from flu, who may lead to significant morbidity, hospitalizations, and even death. A common treatment option like Rapivab® (peramivir injection). Rapivab provides a complete antiviral course of influenza therapy in a one-dose infusion, providing assurance to the physician that the patient is appropriately treated.

THE RESULTS:

Patient was treated with one dose of Rapivab, a complete antiviral treatment course for uncomplicated flu, which was deemed preferable due to his nausea and previous inability to comply with a multiday oral antiviral regimen. The patient was observed for the next 10 hours. His vital signs were stable and he was able to ambulate. He was discharged from the ED’s observation unit with instructions to call his outpatient office but it was closed, and the answering service advised him to go directly to the ED of his local hospital.

Upon presentation to the ED, he denied any chest pain, dizziness, or shortness of breath and reported that he had not been vaccinated this year for the flu. He said that he had the flu a couple years ago and was given an oral neuraminidase inhibitor and feeling better in a couple days after getting the prescription and did not complete the treatment course. Patient’s COPD is controlled with medication, and he does not require supplementary oxygen.

The patient was treated with one dose of Rapivab, a complete antiviral treatment course for uncomplicated influenza, on average, about a day sooner than standard of care. Patient was treated with one dose of Rapivab, a complete antiviral treatment course for uncomplicated influenza, on average, about a day sooner than standard of care.

THE CONCLUSION:

Nonadherence with medication is a multidimensional health care problem. While the most common forms of nonadherence are actual therapy stopping or skipping doses or taking the medicine at an incorrect time, other factors such as cognitive impairment, lack of belief in benefit of treatment, psychological problems, inadequate follow up, or discharge planning may contribute. Nonadherence with medication is a multidimensional health care problem. While the most common forms of nonadherence are actual therapy stopping or skipping doses or taking the medicine at an incorrect time, other factors such as cognitive impairment, lack of belief in benefit of treatment, psychological problems, inadequate follow up, or discharge planning may contribute.

One-dose intravenous neuraminidase inhibitor in patients requiring IV hydration. Additionally, for patients who do not adhere well to a multiday oral treatment regimen, a one-dose IV option like Rapivab may be the most fitting choice.

If Rapivab is administered as a one-dose intravenous infusion to a patient with acute uncomplicated influenza, the treatment usually occurs within 12 hours when compared with placebo. If Rapivab is administered as a one-dose intravenous infusion to a patient with acute uncomplicated influenza, the treatment usually occurs within 12 hours when compared with placebo.

Prescribe one dose of Rapivab to treat seasonal influenza in patients for whom a multiday treatment regimen is inappropriate. Rapivab is a one-dose IV antiviral neuraminidase inhibitor that can be administered as a one-dose infusion, providing assurance to the physician that the patient is appropriately treated.

Rapivab is contraindicated in patients with known serious hypersensitivity or anaphylaxis to peramivir or any component of the product. Severe allergic reactions have included anaphylaxis, erythema multiforme, Stevens-Johnson syndrome, and toxic epidermal necrolysis. In clinical studies and in postmarketing experience, cases of anaphylaxis and Stevens-Johnson syndrome have been reported. Rapivab is contraindicated in patients with known serious hypersensitivity or anaphylaxis to peramivir or any component of the product. Severe allergic reactions have included anaphylaxis, erythema multiforme, Stevens-Johnson syndrome, and toxic epidermal necrolysis. In clinical studies and in postmarketing experience, cases of anaphylaxis and Stevens-Johnson syndrome have been reported.

Important Safety Information

Worsening baseline respiratory symptoms or signs may occur with neuraminidase inhibitors. Rapivab is an influenza treatment option for patients with acute uncomplicated influenza who are noncompliant or have difficulty with medication adherence and is an alternative to a multiday oral regimen. Rapivab provides a complete antiviral course of influenza therapy in a one-dose infusion, providing assurance to the physician that the patient is appropriately treated.

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For patients with acute uncomplicated influenza who may be compliant or have difficulty with medication adherence, treatment with one-dose intravenous Rapivab helps ensure that patients receive a full course of antiviral influenza therapy.

Neurobehavioral Injuries are most effective for the treatment of acute uncomplicated influenza when administered within 48 hours of onset of influenza-like symptoms. Rapivab specifically has been shown, at least statistically to reduce the time to alleviation of symptoms of influenza by a median of 2.5 hours and resolution of fever by a median of 12 hours when compared with placebo. Therefore, one dose of Rapivab may provide the optimal benefit for these patients requiring IV therapy.

Rapivab has a demonstrated safety profile. The single-dose intravenous (IV) delivery of Rapivab may be an optimal patient-presenter with low-risk individuals regarding their need for medical influenza prophylaxis for patients requiring IV therapy. Additionally, for patients who do not adhere well to a multiday oral treatment regimen, a one-dose IV option for Rapivab may be the most effective choice.

Important Safety Information

Rapivab (peramivudine) is indicated for the treatment of acute uncomplicated influenza in patients 18 years and older who have been symptomatic for no more than 48 hours.

Efficacy of Rapivab was shown in clinical trials in which the predominant influenza virus was A/H1N1. A randomized study of A/H3N2-infected patient is underway.

Influenza changes its form. Emergence of resistant substitutions could decrease drug effectiveness. Other factors (for example, changes in viral virulence) might also diminish clinical benefit of antiviral drugs. Efficacy could not be established in patients with serious influenza requiring hospitalization.

Contraindications

Rapivab is contraindicated in patients with known severe immunosuppression or pregnancy or in the current course of pregnancy. Serious bacterial infections may begin with influenza-like symptoms or may coexist with or occur as complications during the course of influenza. Rapivab has not been shown to prevent such complications.

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The most common adverse reaction was diarrhea (8% Rapivab vs 7% placebo). Lab abnormalities (incidence ≥2% occurring more commonly with Rapivab than placebo were elevated ALT at least twice the upper limit of normal (4% vs 2%) and creatinine ≥1.5 x ULN (6% vs 8%).

Concurrent Use With Live Attenuated Influenza Vaccine

Rapivab is not recommended for administration within 14 days of LAIV. The concurrent use of Rapivab with LAIV must not be undertaken. Because of the potential for interference between the two medications, Rapivab should not be administered within 14 days of LAIV.

Please see accompanying full Prescribing Information for Rapivab.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

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