Prescribing & Dispensing algorithm for TREATMENT with zanamivir (RELENZA)

Greater than 48 hours since onset of symptoms?
  Yes → Not indicated; efficacy in patients who begin treatment after 48 hours of symptoms has not been established
  No → Known hypersensitivity to any components of the product? (this includes lactose)
    Yes → Refer
    No → Live attenuated influenza vaccine administered within prior 2 weeks (nasal-spray flu vaccine)
      Yes → Refer
      No → Age 7 years and older?
        Yes → Refer
        No → Have underlying airways disease (such as asthma or chronic obstructive pulmonary disease)?
          Yes → Refer
          No → Pregnant?
            Yes → Pregnancy category C; use only if the potential benefit justifies the potential risk to the fetus
            No → Nursing mother?
              Yes → It is not known whether zanamivir is excreted in human milk; use only if potential benefit for the lactating mother justifies the potential risk to the
              No → Dispense zanamivir with diskhaler: 2 inhalations (one 5mg blister per inhalation for a total dose of 10mg) twice daily (approximately 12 hours apart) for 5 days
                Two doses should be taken on the first day of treatment whenever possible provided there is at least 2 hours between doses*
Patients should be instructed in the use of delivery system. Instructions should include a demonstration whenever possible. If zanamivir (Relenza) is prescribed for children, it should be used only under adult supervision and instruction, and the supervising adult should first be instructed by a healthcare professional.

1. In high risk patients who are seen >48 hours after illness onset and are NOT improving, treatment is also permitted (Interim Guidelines for Outpatient Antiviral Drug Use for Influenza Infection, Public Health- Seattle & King County- issued 5/1/2009)

2. No adverse effects have been reported among women who received zanamivir during pregnancy or among infants born to women who have received zanamivir. Pregnancy should NOT be considered a contraindication to zanamivir use. Zanamivir may be preferable because of limited systemic absorption; however respiratory complications that may be associated with zanamivir because of its inhaled route of administration need to be considered.