

**North Carolina Board of Pharmacy and North Carolina Medical Board
Protocol for Influenza Prophylaxis for Recent Exposure
1-23-2026**

Pharmacists who perform assessment for influenza prophylaxis under this protocol shall:

- Complete an ACPE accredited CLIA-waived point-of-care education and training program.
- Remain up to date with current Centers for Disease Control (CDC) recommendations regarding the use of antiviral medications for the prophylaxis of influenza.
- Exercise clinical judgment in assessing patients pursuant to this protocol outside of the standard influenza season (approximately October 1 - April 30).

Influenza Prophylaxis Antiviral Therapy Protocol	
Point-of-care testing is NOT NEEDED in asymptomatic exposed individuals	
Eligible Candidates for Influenza Prophylaxis (Inclusion Criteria)	<ul style="list-style-type: none"> • Any asymptomatic individual who presents to the pharmacy and meets ALL of the following criteria: <ol style="list-style-type: none"> 1. Age five (5) years or older (with consent of a parent/guardian if < 18 years old) AND 2. Has had household/close contact exposure to influenza within the past 48 hours AND 3. Falls into at least one of the below high-risk groups <ul style="list-style-type: none"> - Pregnant or breastfeeding - Immunocompromised – Defined as individuals: <ul style="list-style-type: none"> o Receiving active cancer treatment for tumor or cancers of the blood (e.g. leukemia, lymphoma, multiple myeloma) o With a history of solid organ or stem cell transplant receiving immunosuppressive therapy o With primary immunodeficiency (e.g. DiGeorge syndrome, Wiskott-Aldrich syndrome, Bruton disease) o Receiving immunosuppressive drug therapy including corticosteroids for greater than 2 weeks o Diagnosed with sickle cell disease o Living with HIV/AIDS o With any other conditions which significantly affect immune system function as reported by the individual or determined by the pharmacist - Persons with any condition requiring supplemental oxygen therapy - Under 19 years old and on long-term aspirin therapy - Diagnosed with chronic kidney disease (CKD) NOT currently receiving hemodialysis or peritoneal dialysis - Diagnosed with chronic pulmonary disease (asthma, COPD or cystic fibrosis) - Diagnosed with cardiovascular disease - Diagnosed with diabetes - Persons of American Indian or Alaska Native descent - Person with severe obesity (BMII > 40) - Person \geq 65 years old
Ineligible Candidates for Influenza Prophylaxis (Exclusion Criteria)	<ul style="list-style-type: none"> • Any individual who presents to the pharmacy and meets ANY of the following criteria: <ul style="list-style-type: none"> - Under 5 years of age - Exposed to influenza more than 48 hours ago - Complaining of ANY sign or symptom consistent with influenza (e.g., fever, myalgia, headache, malaise, cough, sore throat) - Currently taking or has taken an antiviral agent for influenza within the past 4 weeks - End stage renal disease (ESRD) on hemodialysis or peritoneal dialysis
Assessment for Influenza Prophylaxis	<ul style="list-style-type: none"> • Pharmacists shall assess an individual's eligibility for influenza prophylaxis based on the inclusion and exclusion criteria outlined in this protocol. The assessment should be documented using the <i>Pharmacist Assessment, Evaluation, and Prescribing Form</i> for Influenza or an equivalent form incorporating the included elements. • Individuals eligible for influenza prophylaxis – Pharmacists shall: <ul style="list-style-type: none"> - Review the assessment with the individual and, when clinically appropriate, discuss the potential benefits and risks of antiviral prophylaxis - Evaluate the individual for contraindications, warnings, and precautions related to available antiviral agents - Select the appropriate antiviral medication and dosage form for prophylaxis based on clinical judgment • Individuals ineligible for influenza prophylaxis – Pharmacists shall: <ul style="list-style-type: none"> - Counsel on the signs and symptoms of influenza and advise individuals to return promptly to the pharmacy for testing and possible treatment if symptoms develop - Pharmacists may also counsel individuals that they may seek care from their primary provider or urgent care; however, pharmacies are often a more convenient and accessible option during flu season

	Antiviral Therapy		
Medication	Oral Oseltamivir (Tamiflu®)	Inhaled Zanamivir (Relenza®)	Oral Baloxavir Marboxil (Xofluza®)
Influenza Prophylaxis (18 years and older)	75mg qd x 7 days Renal Impairment* 30mg qd x 5 days (CrCl > 30-60ml/min) 30mg qod x 5 days (CrCl > 10-30ml/min) *Renal Impairment: Requires a lab value from the past 6 months, obtained from a physician's office, lab, patient EHR, or reported by the patient—if, in the pharmacist's clinical judgment, the patient's report is deemed reliable	1 inhaler – 2 inhalations by mouth qd x 7 days	Weight-based dosing 40kg to <80kg: 40mg (single dose) 80kg or more: 80mg (single dose)
Influenza Prophylaxis (5 to 17 years)	Weight-based dosing 15kg or less: 30mg qd x 7 days >15kg to 23kg: 45mg qd x 7 days >23kg to 40kg: 60mg qd x 7 days >40kg: 75mg qd x 7 days	For 5 Years and Older 1 inhaler – 2 inhalations by mouth bid x 7 days	Weight-based dosing < 20kg: 2mg/kg by suspension (single dose) 20kg to < 80kg: 40mg (single dose) 40kg to <80kg: 40mg (single dose) 80kg or more: 80mg (single dose)
Refills	No Refills		
Antiviral Contraindications Warnings & Precautions	Oral Oseltamivir (Tamiflu) DO NOT USE Oseltamivir In: ▪ Individuals with known hypersensitivity to Oseltamivir or any of its ingredients ▪ Individuals under 18 years with renal impairment ▪ Individuals 18 or older with CrCl <10ml/min	Inhaled Zanamivir (Relenza) DO NOT USE Zanamivir In: ▪ Individuals with a known hypersensitivity to Zanamivir or any of its ingredients ▪ Individuals with underlying respiratory disease , including asthma, COPD or cystic fibrosis ▪ Individuals under 5 years for prophylaxis ▪ Individuals with known allergies to lactose or milk proteins	Oral Baloxavir Marboxil (Xofluza) DO NOT USE Baloxavir In ▪ Individuals with a known hypersensitivity to Baloxavir or any of its ingredients ▪ Individuals under 5 years for prophylaxis
Patient Counseling	<ul style="list-style-type: none"> The pharmacist shall provide appropriate counseling to all individuals receiving services under this protocol, whether they are assessed, or provided prophylaxis including but not limited to the following topics: <ul style="list-style-type: none"> Influenza vaccination The benefits and harms of antiviral therapy for influenza prophylaxis, if clinically appropriate Medication counseling Signs and symptoms of influenza and when to seek medical care 		
Notification of Medical Provider	<ul style="list-style-type: none"> Pharmacists shall ask ALL individuals assessed under this protocol to provide the name and contact information of their medical provider. If an individual identifies a medical provider, <ul style="list-style-type: none"> The pharmacist must notify that provider within 72 hours with a summary of the encounter for any individual who receives antiviral prophylaxis. At a minimum, the summary must include the individual's name, date of birth, reason for prophylaxis and the medication dispensed. If an individual (or parent/guardian) does NOT identify a medical provider: <ul style="list-style-type: none"> The pharmacist shall counsel on the benefits of establishing care with a medical provider, AND Provide information on accessible care options, such as private practices, federally qualified health centers (FQHCs), free clinics, and local health departments serving the patient's area. 		
Documentation	<ul style="list-style-type: none"> The pharmacist shall document the encounter for any individual who is assessed or receives prophylaxis under this protocol. Documentation must include the following elements, as applicable: <ul style="list-style-type: none"> Documentation of parental or guardian consent for patients under 18 years of age Attestation by the individual or parent/guardian confirming receipt and understanding of the counseling and educational materials provided Relevant medical history collected by the pharmacist during the patient assessment. The prophylaxis provided, if the individual met the eligibility criteria, or documentation of why prophylaxis was not initiated (i.e. ineligible, medication contraindication, declined prophylaxis, etc.) 		
Records Retention:	<ul style="list-style-type: none"> Records for antivirals dispensed, delivered or administered pursuant to this protocol shall be maintained in accordance with applicable state and federal law. 		