The Medical Letter®

on Drugs and Therapeutics

Objective Drug Reviews Since 1959

Volume 57 January 19, 2015



IN THIS ISSUE

In Brief: Concerns About Oseltamivir (Tamiflu)p 14

Important Copyright Message

FORWARDING OR COPYING IS A VIOLATION OF U.S. AND INTERNATIONAL COPYRIGHT LAWS

The Medical Letter, Inc. publications are protected by U.S. and international copyright laws. Forwarding, copying or any distribution of this material is prohibited.

Sharing a password with a non-subscriber or otherwise making the contents of this site available to third parties is strictly prohibited.

By accessing and reading the attached content I agree to comply with U.S. and international copyright laws and these terms and conditions of The Medical Letter, Inc.

For further information click: Subscriptions, Site Licenses, Reprints or call customer service at: 800-211-2769

The Medical Letter®

on Drugs and Therapeutics

Objective Drug Reviews Since 1959

Volume 57 (Issue 1460)

January 19, 2015

IN BRIEF

Concerns about Oseltamivir (Tamiflu)

Some readers of our article on Antiviral Drugs for Seasonal Influenza¹ have expressed concerns regarding our recommendation for use of the oral neuraminidase inhibitor oseltamivir (Tamiflu) to treat high-risk patients with confirmed or suspected influenza illness, citing the British Medical Journal and The Cochrane Collaboration, which have contended that there is no acceptable evidence that the drug prevents complications or hospitalizations and have questioned the completeness of the results of controlled trials conducted by the manufacturer (Roche).2

Randomized controlled trials, mainly in patients with mild influenza illness, have shown that treatment with oseltamivir or zanamivir (Relenza), an inhaled neuraminidase inhibitor, started within 48 hours of the onset of illness can shorten the duration of symptoms by about one day. Most controlled trials of the effectiveness of these drugs in preventing pneumonia or other serious complications of influenza have not been powered adequately to provide convincing evidence of efficacy, but a broad consensus of expert clinicians has interpreted the combined results of controlled trials, observational studies, and meta-analyses as showing that early antiviral treatment of high-risk patients with influenza can reduce the risk of complications such as pneumonia, respiratory failure, and death.3,4

Influenza kills about 50,000 patients annually in the US. Oseltamivir and zanamivir are generally well tolerated, and there is no alternative treatment. (Since this article was first posted online, peramivir (Rapivab), an IV neuraminidase inhibitor, has been approved by the FDA. It will be reviewed in our February 2, 2015 issue.)

- 1. Antiviral drugs for seasonal influenza 2014-2015. Med Lett Drugs Ther 2014; 56:121.
- 2. T Jefferson et al. Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children. Cochrane Database Syst Rev 2014; 4:CD008965.
- 3. CDC. Influenza antiviral medications: summary for clinicians. Available at http://www.cdc.gov/flu/professionals/antivirals/ summary-clinicians.htm. Accessed December 23, 2014.
- 4. IDSA. Statement by the Infectious Disease Society of America (IDSA) on the recent publication on "Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children." April 2014. Available at: http://www.idsociety.org/Influenza_ Statement.aspx. Accessed December 23, 2014.

EDITOR IN CHIEF: Mark Abramowicz, M.D.; EXECUTIVE EDITOR: Gianna Zuccotti, M.D., M.P.H., F.A.C.P., Harvard Medical School; EDITOR: Jean-Marie Pflomm, Pharm.D.; ASSISTANT EDITORS, DRUG INFORMATION: Susan M. Daron, Pharm.D., Corinne Z. Morrison, Pharm.D., Michael P. Viscusi, Pharm.D.; CONSULTING EDITORS: Brinda M. Shah, Pharm.D., F. Peter Swanson, M.D; SENIOR ASSOCIATE EDITOR: Amy Faucard

CONTRIBUTING EDITORS: Carl W. Bazil, M.D., Ph.D., Columbia University College of Physicians and Surgeons; Vanessa K. Dalton, M.D., M.P.H., University of Michigan Medical School; Eric J. Epstein, M.D., Albert Einstein College of Medicine; Jane P. Gagliardi, M.D., M.H.S., F.A.C.P., Duke University School of Medicine; Jules Hirsch, M.D., Rockefeller University; David N. Juurlink, BPhm, M.D., Ph.D., Sunnybrook Health Sciences Centre; Richard B. Kim, M.D., University of Western Ontario; Hans Meinertz, M.D., University Hospital, Copenhagen; Sandip K. Mukheriee, M.D., F.A.C.C., Yale School of Medicine; Dan M. Roden, M.D., Vanderbilt University School of Medicine; Esperance A.K. Schaefer, M.D., M.P.H., Harvard Medical School, F. Estelle R. Simons, M.D., University of Manitoba, Neal H. Steigbigel, M.D., New York University School of Medicine, Arthur M. F. Yee, M.D., Ph.D., F.A.C.R., Weill Medical College of Cornell University

MANAGING EDITOR: Susie Wong; ASSISTANT MANAGING EDITOR: Liz Donohue; EDITORIAL ASSISTANT: Cheryl Brown

EXECUTIVE DIRECTOR OF SALES: Gene Carbona: FULFILL MENT & SYSTEMS MANAGER: Cristine Romatowski: DIRECTOR OF MARKETING COMMUNICATIONS: Joanne F. Valentino: VICE PRESIDENT AND PUBLISHER: Yosef Wissner-Levy

Founded in 1959 by Arthur Kallet and Harold Aaron, M.D.

Copyright and Disclaimer. The Medical Letter, Inc. is an independent nonprofit organization that provides healthcare professionals with unbiased drug prescribing recommendations. The editorial process used for its publications relies on a review of published and unpublished literature, with an emphasis on controlled clinical trials, and on the opinions of its consultants. The Medical Letter, Inc. is supported solely by subscription fees and accepts no advertising, grants, or donations. No part of the material may be reproduced or transmitted by any process in whole or in part without prior permission in writing. The editors do not warrant that all the material in this publication is accurate and complete in every respect. The editors shall not be held responsible for any damag resulting from any error, inaccuracy, or omission.

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

Customer Service:Call: 800-211-2769 or 914-235-0500
Fax: 914-632-1733 E-mail: custserv@medicalletter.org

Subscription Services Permissions:

To reproduce any portion of this issue, please e-mail your request to: permissions@medicalletter.org

Subscriptions (US): 1 year - \$98; 2 years - \$189; 3 years - \$279. \$49 per year for students, interns, residents, and fellows in the US and Canada. Reprints - \$12 each.

Site License Inquiries: E-mail: info@medicalletter.org Call: 800-211-2769 ext. 315 Special rates available for bulk subscriptions

Copyright 2015. ISSN 1523-2859