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on Drugs and Therapeutics

Comparison Chart: **ANTIVIRAL DRUGS FOR SEASONAL INFLUENZA**

Updated October 22, 2026

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ANTIVIRAL DRUGS FOR SEASONAL INFLUENZA

DRUG/FORMULATIONS	ROUTE	TREATMENT	CHEMOPROPHYLAXIS	COST ¹
Neuraminidase Inhibitors				
Oseltamivir – generic <i>Tamiflu</i> (Genentech) 30, 45, 75 mg caps; 6 mg/mL oral suspension	Oral NG tube	- FDA-approved for treatment of acute uncomplicated influenza in patients ≥2 weeks old who have been symptomatic for ≤48 hours - Preferred for treatment of influenza in pregnant women, children, hospitalized patients, and outpatients with severe, complicated, or progressive illness	FDA-approved for chemoprophylaxis of influenza in patients ≥1 year old	\$48.00 152.00
Peramivir – <i>Rapivab</i> (BioCryst) 200 mg/20 mL vials	IV	- FDA-approved for treatment of acute uncomplicated influenza in patients ≥6 months old who have been symptomatic for ≤48 hours - Not recommended for treatment of severe influenza (can be considered for patients who cannot tolerate or absorb oseltamivir)	Not FDA-approved for chemoprophylaxis of influenza	950.00
Zanamivir – <i>Relenza</i> (GSK) 5 mg blisters of powder for inhalation	Inhalation	- FDA-approved for treatment of acute uncomplicated influenza in patients ≥7 years old who have been symptomatic for ≤48 hours - Not recommended for patients with underlying airway disease	FDA-approved for chemoprophylaxis of influenza in patients ≥5 years old	59.00
Cap-dependent Endonuclease Inhibitor				
Baloxavir marboxil – <i>Xofluza</i> (Genentech) 40, 80 mg tabs	Oral	- FDA-approved for treatment of acute uncomplicated influenza in patients ≥5 years old who are otherwise healthy or at high risk of influenza-related complications and symptomatic for ≤48 hours - No data in patients with severe influenza - Not recommended for use in pregnant women, severely immunocompromised patients, or patients who are hospitalized or have complicated or progressive illness	FDA-approved for postexposure prophylaxis of influenza in patients ≥5 years old	169.00 ⁴

References:

1. Approximate WAC for 5 days’ treatment with oseltamivir capsules or zanamivir, or for a single treatment dose of peramivir or baloxavir, at the usual adult dosage. WAC = wholesaler acquisition cost, or manufacturer’s published price to wholesalers; WAC represents published catalogue or list prices and may not represent an actual transactional price. Source: Analysource® Monthly October 5, 2026. Reprinted with permission by First Databank, Inc. All rights reserved. ©2026. www.fdbhealth.com/policies/drug-pricing-policy.
2. CDC. Influenza antiviral medications: summary for clinicians. March 10, 2026. Available at: <https://bit.ly/4drnAkl>. Accessed October 22, 2026.
3. Antiviral drugs for seasonal influenza. Med Lett Drugs Ther 2026; 68:177.
4. Available for \$50 through the manufacturer’s direct-to-consumer program.

RECOMMENDATIONS^{2,3}

TREATMENT:

- Antiviral treatment should be started as soon as possible; it is most effective when started ≤48 hours after illness onset.
- Antiviral treatment is recommended for patients with suspected or confirmed influenza who are hospitalized, have severe, complicated, or progressive illness, or are at increased risk for complications, even if it is started >48 hours after illness onset.
- Antiviral treatment can be considered for otherwise healthy symptomatic outpatients with suspected or confirmed influenza who are not at increased risk for complications if it can be started ≤48 hours after illness onset.
- Oseltamivir is preferred for treatment of children, pregnant women, hospitalized patients, and outpatients with severe, complicated, or progressive illness.

CHEMOPROPHYLAXIS:

- Postexposure prophylaxis with oseltamivir, zanamivir, or baloxavir should be considered within 48 hours of exposure for persons at high risk of complications who have not received an annual influenza vaccine or when influenza vaccination may be ineffective; it is not recommended for healthy persons exposed to influenza.

PREGNANCY AND LACTATION

- Oseltamivir is preferred for **treatment** of pregnant, ≤2 weeks postpartum, and breastfeeding women. Zanamivir and peramivir are alternatives.
- Baloxavir is not recommended for use in pregnant or breastfeeding women because of a lack of data.
- Oseltamivir is preferred for **chemoprophylaxis** in pregnant women and those who are ≤2 weeks postpartum who cannot receive an influenza vaccine or are unlikely to respond to influenza vaccination.

ANTIVIRAL DRUGS FOR SEASONAL INFLUENZA (continued)

DRUG	USUAL TREATMENT DOSAGE	USUAL CHEMOPROPHYLAXIS DOSAGE
OSELTAMIVIR (TAMIFLU)		
ADULT	75 mg PO bid x 5 days	75 mg PO once/day x 7 days
PEDIATRIC	<1 yr: 3 mg/kg PO bid x 5 days ⁵ (9-11 months: AAP recommends 3.5 mg/kg) ⁶ 1-12 yrs: 30-75 mg PO bid x 5 days (≤15 kg: 30 mg; >15-23 kg: 45 mg; >23-40 kg: 60 mg; >40 kg: 75 mg) ≥13 yrs: 75 mg PO bid x 5 days	<3 mos: not recommended (CDC) 3 mos-1 yr: 3 mg/kg PO once/day x 7 days (CDC & AAP) ⁷ 1-12 yrs: 30-75 mg PO once/day x 7 days (≤15 kg: 30 mg; >15-23 kg: 45 mg >23-40 kg: 60 mg; >40 kg: 75 mg) ≥13 yrs: 75 mg PO once/day x 7 days
RENAL	Adults and children >40 kg (CDC): - CrCl 31-60 mL/min: 30 mg PO bid - CrCl 11-30 mL/min: 30 mg PO once/day - HD: 30 mg PO x1, then 30 mg PO after every HD (<5 days; may be started immediately if influenza symptoms develop between HD sessions) - CAPD: 30 mg PO once immediately - ESRD (not on HD): not recommended	Adults and children >40 kg (CDC): - CrCl 31-60 mL/min: 30 mg PO once/day - CrCl 11-30 mL/min: 30 mg PO every other day - HD: 30 mg PO after every other HD (initial dose can be given before start of HD) - CAPD: 30 mg PO once/week after exchange - ESRD (not on HD): not recommended
PERAMIVIR (RAPIVAB)		
ADULT	600 mg IV over 15-30 minutes once	Not FDA-approved for chemoprophylaxis
PEDIATRIC	6 months-12 yrs: 12 mg/kg (max 600 mg) IV over 15-30 mins once ≥13 yrs: 600 mg IV over 15-30 mins once	Not FDA-approved for chemoprophylaxis
RENAL	2-12 yrs: - CrCl 30-49 mL/min: 4 mg/kg IV once - CrCl 10-29 mL/min: 2 mg/kg IV once ≥13 yrs: - CrCl 30-49 mL/min: 200 mg IV once - CrCl 10-29 mL/min: 100 mg IV once - HD: administer dose (based on CrCl) after HD	
ZANAMIVIR (RELENZA)		
ADULT	2 inhalations bid x 5 days	2 inhalations once/day x 7 days
PEDIATRIC	≥7 yrs: 2 inhalations bid x 5 days	≥5 yrs: 2 inhalations once/day x 7 days
BALOXAVIR (XOFLUZA)		
ADULT	20-<80 kg: 40 mg PO once ≥80 kg: 80 mg PO once	20-<80 kg: 40 mg PO once ≥80 kg: 80 mg PO once
PEDIATRIC	≥5 yrs and 20-<80 kg: 40 mg PO once ≥5 yrs and ≥80 kg: 80 mg PO once	≥5 yrs and 20-<80 kg: 40 mg PO once ≥5 yrs and ≥80 kg: 80 mg PO once

DURATION OF THERAPY

TREATMENT:

- Oseltamivir or zanamivir should be given for 5 days; peramivir and baloxavir are given as single doses.
- In hospitalized, critically ill, or immunocompromised patients, a longer treatment course of oseltamivir (e.g., 10 days) is often used. IV peramivir for at least 5 days may be considered for hospitalized, critically ill, or immunocompromised patients who cannot tolerate or absorb oral or enterically administered oseltamivir because of gastric stasis, malabsorption, or GI bleeding.

CHEMOPROPHYLAXIS:

- The CDC recommends oseltamivir or zanamivir be continued for 7 days after the last known exposure; baloxavir is given as a single dose.
- For institutional outbreaks, the CDC recommends that chemo-prophylaxis with oseltamivir or zanamivir be given for at least 2 weeks and continued for up to 1 week after the end of the outbreak.

ADMINISTRATION

- Taking oseltamivir with food may improve tolerability.
- Oseltamivir capsules can be opened and the contents mixed in a thick sweetened beverage (to mask the bitter taste) and consumed immediately.
- Oseltamivir can be administered by oro/nasogastric tube.

References:

- Although not FDA-approved for use in children <2 weeks old, the CDC recommends children <2 weeks old be treated with 3 mg/kg bid. For treatment of premature infants, refer to CDC recommendations (www.cdc.gov/flu).
- The American Academy of Pediatrics has recommended a dose of 3.5 mg/kg for infants 9-11 months old based on the results of a study showing that a higher dose was needed to achieve the target exposure in this age group (DW Kimberlin et al. J Infect Dis 2013; 207:709).
- Although not FDA-approved for prophylaxis in children <1 year old, the American Academy of Pediatrics and CDC recommend that children 3 months-<1 year old receive 3 mg/kg once/day. Chemoprophylaxis is generally not recommended for premature infants or infants <3 months old.

AAP = American Academy of Pediatrics; CAPD = continuous ambulatory peritoneal dialysis; CDC = Centers for Disease Control; ESRD = end-stage renal disease; HD = hemodialysis

ANTIVIRAL DRUGS FOR SEASONAL INFLUENZA (continued)

SOME ADVERSE EFFECTS

NEURAMINIDASE INHIBITORS AND BALOXAVIR:

- Neuropsychiatric events including self-injury and delirium have been reported, but a causal relationship has not been established
- Neuropsychiatric dysfunction can be a complication of influenza itself
- Hypersensitivity reactions, including anaphylaxis

OSELTAMIVIR:

- Nausea, vomiting, headache; bradycardia in critically ill patients

PERAMIVIR:

- Diarrhea, vomiting, neutropenia

ZANAMIVIR:

- Headache, diarrhea, nausea, vomiting, bronchitis, cough, sinusitis, and ear, nose, and throat infections
- Bronchospasm; not recommended in patients with underlying airway disease
- Contains lactose; contraindicated in patients with a history of milk protein allergy

BALOXAVIR:

- Nausea and vomiting; incidence appears to be lower than with oseltamivir

DRUG INTERACTIONS

With Intranasal Live-Attenuated Influenza Vaccine (*FluMist*, *FluMist Home*)⁸:

- Antivirals could inhibit replication of vaccine virus and reduce vaccine efficacy.
- Avoid **oseltamivir** or **zanamivir** within 48 hours before, **peramivir** within 5 days before, or **baloxavir** within 17 days before vaccine administration.
- Revaccination with an injectable age-appropriate influenza vaccine is recommended in persons who receive any of these antiviral drugs during these specified times or within 2 weeks after receiving the live-attenuated vaccine.

With Polyvalent Cations:

- Coadministration of **baloxavir** with dairy products, beverages, antacids, laxatives, multivitamins, or other products containing polyvalent cations (e.g., calcium, aluminum, iron, magnesium, selenium, zinc) can reduce serum concentrations of the drug and should be avoided.

ACTIVITY/RESISTANCE

- ▶ Neuraminidase inhibitors and baloxavir are active against influenza A and B viruses.
- ▶ Over 99% of recently circulating influenza virus strains tested by the WHO have been susceptible to neuraminidase inhibitors and baloxavir.
- ▶ Reduced susceptibility of some influenza virus strains, particularly influenza A(H1N1) viruses, to oseltamivir or peramivir can emerge during or after treatment, especially in young children and immunocompromised patients with prolonged viral shedding.
- ▶ Resistant isolates have usually remained susceptible to zanamivir, but reduced susceptibility to zanamivir has been reported.
- ▶ Amino acid substitutions associated with reduced susceptibility to baloxavir have occurred following treatment with a single dose.
- ▶ Baloxavir is not recommended for use in severely immunocompromised patients because of concerns about emergence of resistance.

References:

8. Seasonal influenza vaccination: 2026-2027. Med Lett Drugs Ther 2026; 68:161.

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