



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: Oseltamivir

Brand Name: Tamiflu

Medication Class: influenza antiviral agent

FDA Approved Uses: treatment and prophylaxis of influenza

Usual Dose: treatment: 75mg twice daily; prophylaxis: 75mg once daily

Duration of Therapy: treatment: 5 days; prophylaxis: at least 7 days up to 6 weeks

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Tamiflu is not to be used as a substitute for a flu vaccination
- Treatment:
 - Must have confirmed uncomplicated acute illness due to influenza type A or B infection
 - Must have been symptomatic for no more than 2 days
 - Must be 1 year of age or over
 - Maximum amount approved is one 5-day course
- Prophylaxis:
 - Must be 13 years of age or older
 - Must have had close contact with an individual who has been confirmed to be infected with the influenza virus type A or B
 - Therapy must begin within 2 days of exposure
 - Maximum length of therapy is 6 weeks

Not Approved if:

- Patient has any contraindications to the use of Tamiflu
- Patient does not meet the above criteria

P&T Approval: _____ Date: _____