

AUTHORISATION VOUCHER – ANTIVIRALS FOR ADULTS AND CHILDREN AGED 1 YEAR AND OVER

**NATIONAL
PANDEMIC FLU
SERVICE**

GP/DELEGATED HEALTHCARE PROFESSIONAL AUTHORISATION VOUCHER

For the supply of antiviral medicines, **Tamiflu® (oseltamivir)** or **Relenza® (zanamivir)** as indicated in the table below:

Name of patient:
Date of birth: Age:.....yrs

I have today assessed the above patient. I confirm that he/she has an influenza-like illness. I therefore authorise the supply of:

Tamiflu® (oseltamivir) capsules as indicated in the table below

Age of patient	Weight in kg (child only – preferred if available)	Capsule size	Dose	Please tick the required capsule size (if Tamiflu® is authorised)
Aged from one year to under 3	Less than 15kg	30mg capsules	ONE capsule to be taken twice a day for 5 days	
Aged from 3 years to under 7	15–23kg	45mg capsules	ONE capsule to be taken twice a day for 5 days	
Aged from 7 years to under 13	23–40kg	30mg capsules	TWO capsules to be taken twice a day for 5 days	
Aged 13 years and over (adult dose)	Over 40kg	75mg capsules	ONE capsule to be taken twice a day for 5 days	

OR: Relenza® (zanamivir) dry powder inhaler

Age group	Dose	Please tick (if Relenza® is authorised)
Children over 5 years old and adults	TWO 5mg blisters to be inhaled (using the 'Diskhaler') twice a day for 5 days	

GPs/HEALTHCARE PROFESSIONALS: ONLY TICK ONE BOX!

Name of authorising GP or other delegated healthcare professional:
Address: PCT name:
Telephone: Practitioner PIN:
Signature: Date: