



## SOUTHWEST PUBLIC HEALTH DISTRICT

1109 North Jackson Street  
 Albany, Georgia 31701-2022  
 (229) 430-4599 Fax (229) 430-5143 Emergency 888-430-4590  
[www.southwestgeorgiapublichealth.org](http://www.southwestgeorgiapublichealth.org)

### Tamiflu® Dispensing Program for H1N1 Treatment of Your Medically Uninsured / Underinsured Patients

Health Care Providers of Southwest Health District 8/2:

Please be advised that public health has received a *limited supply* of Tamiflu® from the CDC that is available through our county health departments for medically *uninsured* and *underinsured* patients without prescription benefits and/or who have an inability to pay for Tamiflu®. **Your signature provides verification that the patient is medically uninsured or underinsured.**

Please fill out *one form for each individual patient* and refer them to their county health department of residence Monday – Friday, 8:00 AM – 5:00 PM to receive Tamiflu® if the CDC criteria are met.

|   |   |
|---|---|
| Patient's Name: _____   | Age: _____ Weight: _____<br>(if < 89 lbs) |
| Treatment : Tamiflu® _____ mg. twice daily for 5 days.  |   |
| Physician/Practitioner:<br><br><div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <div style="border-top: 1px solid black; width: 45%; text-align: center;">Printed Name</div> <div style="border-top: 1px solid black; width: 45%; text-align: center;">Signature</div> </div> |   |

The following chart provided by the CDC may helpful in Tamiflu® prescribing:

| Body Weight<br>in lbs   | Age                | Prophylactic dose = 1 x daily x 10 days;<br>Treatment dose = bid x 5 days. |
|---|--------------------|--|
| Dosing for infants < 1 year of age is based on body wgt.        | < 3 months         | 12 mg. per dose.   |
|   | 3 – 5 months       | 20 mg. per dose.   |
|   | 6 – 11 months      | 25 mg. per dose.   |
| < 33 lbs and  | 1 – 2 years        | 30 mg. per dose.   |
| 33 – 51 lbs and   | 3 – 5 years        | 45 mg. per dose.   |
| 52 – 88 lbs and   | 6 – 9 years        | 60 mg. per dose.   |
| > 88 lbs and  | 10 – 12 years      | 75 mg. per dose.   |
| Dosing for adults and teenagers > 12 years is not based on wgt. | 13 years and older | 75 mg. per dose.   |

Please do not hesitate to call our pharmacists at 229-430-6225 (Joseph A. Whaley, Jr. R.Ph, Pharmacy Director, or Donna P. Cook, R.Ph., Assistant Pharmacy Director) if you have any questions about this program.

|       |         |          |          |           |        |       |
|-------|---------|----------|----------|-----------|--------|-------|
| Baker | Calhoun | Colquitt | Decatur  | Dougherty | Early  | Grady |
| Lee   | Miller  | Mitchell | Seminole | Terrell   | Thomas | Worth |