
**DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA**

Tamiflu[®] (oseltamivir) and Relenza[®] (zanamivir) are a covered benefit of Nevada Medicaid for recipients who meet the following criteria for coverage.

1. Quantity Limitations:

Tamiflu[®] 30 mg capsule: 40 capsules/90 days

Tamiflu[®] 45 mg capsule: 20 capsules/90 days

Tamiflu[®] 75 mg capsule: 20 capsules/90 days

Tamiflu[®] 6 mg/mL suspension: 360 mL (6 bottles)/90 days

Relenza[®] 5 mg blister for oral inhalation: 40 blisters (2 packages)/90 days