

Prior Authorization DRUG Guidelines

FLUMIST (Influenza virus vaccine-live attenuated)

Effective Date: 07.28.05

Date Developed: 7/11/05 by C. Wilhelmy MD Last Approval Date: 1/26/16, 1/24/17, 1/23/18, 1/22/19

(Archived 1/22/19)

LAIV is an option for vaccination of healthy children and adults, age 2 to 49 years including persons in close contact with groups at high risk and those wanting to avoid influenza. Possible advantages of LAIV include its potential to induce a broad mucosal and systemic immune response, its ease of administration, and the acceptability of an intranasal rather than intramuscular route of administration.

Pre-Authorization Criteria: active immunization of individuals 2 to 49 years of age against influenza disease caused by influenza virus subtypes A and type B contained in the vaccine in patients who cannot or will not receive an intramuscular injection or when there is a shortage or absence of injectable Flu vaccine.

Precautions:

Before receiving this vaccine

- The patient needs to tell the doctor or pharmacist the following:
 - History of hypersensitivity, including anaphylaxis, to any of the components of LAIV or to eggs or flu vaccine. This product may contain inactive ingredients (such as gentamicin, gelatin, arginine), which can cause allergic reactions or other problems.
 - History of breathing problems (e.g. asthma, wheezing, chronic lung disease), current infection/fever, diabetes, history of Guillian-Barre syndrome, immune sytem problems (e.g., due to cancer treatment, HIV infection), kidney disease
- This vaccine contains a weakened form of the flu virus. After receiving the vaccine,
 patient may be able to infect others with flu for up to 3 weeks. Rarely, infections may
 occur in people in close contact with someone who has received this vaccine. Caution
 is advised for patients who have regular close contact with family/household members
 with weakened immune systems (e.g., due to cancer).
- Children aged 2 to 17 years who are taking aspirin should not receive this vaccine due to the risk for developing Reye's syndrome, a rare but serious condition. The patient needs to consult the doctor for details.
- During pregnancy, this medication should be used only when clearly needed. The

patient needs to discuss the risks and benefits with his/her doctor.

• It is not known whether this drug passes into breast milk. Member needs to consult her doctor before breast-feeding.

The following populations should not be vaccinated with LAIV:

- This form of vaccine is not recommended for children younger than 2 years old, or for children aged 2 to 4 years with a history of repeated wheezing or those adults older than 49. A flu vaccine that is given by injection is recommended for these children and for adults older than 49.
- persons with a history of GBS;

Close Contacts of Persons at High Risk for Complications from Influenza

Close contacts of persons at high risk for complications from influenza should receive influenza vaccine to reduce transmission of wild-type influenza viruses to persons at high risk. Use of inactivated influenza vaccine is preferred for vaccinating household members, health-care workers, and others who have close contact with severely immunosuppressed persons (e.g., patients with hematopoietic stem cell transplants) during those periods in which the immunosuppressed person requires care in a protective environment. The rationale for not using LAIV among health-care workers caring for such patients is the theoretical risk that a live, attenuated vaccine virus could be transmitted to the severely immunosuppressed person and cause disease. No preference exists for inactivated influenza vaccine use by health-care workers or other persons who have close contact with persons with lesser degrees of immunosuppression (e.g., persons with diabetes, persons with asthma taking corticosteroids, or persons infected with human immunodeficiency virus), and no preference exists for inactivated influenza vaccine use by health-care workers or other healthy persons aged 5–49 years in close contact with all other groups at high risk.

If a health-care worker receives LAIV, that worker should refrain from contact with severely immunosuppressed patients as described previously for 7 days after vaccine receipt. Hospital visitors who have received LAIV should refrain from contact with severely immunosuppressed persons for 7 days after vaccination; however, such persons need not be excluded from visitation of patients who are not severely immunosuppressed.

Drug Interaction:

Do not start, stop, or change the dosage of any medicine before checking with your doctor or pharmacist first.

/Avoid taking certain drugs that fight flu virus (e.g., amantadine, oseltamivir, rimantadine) when receiving this vaccine. Patients who are currently taking any of these drugs, should not receive this vaccine until at least 48 hours after stopping treatment. Member should not take any of these drugs until at least 2 weeks after receiving this vaccine.

Before using this medication, the patient should tell his/her doctor or pharmacist of all prescription and nonprescription products he/she may use, especially of: other vaccines, other products applied in the nose, drugs that weaken the immune system (e.g., cyclosporine, tacrolimus, certain anti-cancer drugs, corticosteroids such as prednisone).

This document does not contain all possible interactions. Therefore, before using this product, the member must tell his/her doctor or pharmacist of all the products being used.

References:

- 1. MedImmune Vaccines, Inc. & Wyeth Vaccines. FluMist Influenza Virus Vaccine Live, Intranasal, FluMist Package Insert, June 2003.
- Centers for Disease Control and Prevention. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2004;53(No. RR-6): http://iier.isciii.es/mmwr/PDF/tr/tr5306.pdf Accessed 7/11/05.
- 3. ©2013 UpToDate® www.uptodate.com
- 4. Epocrates 2013 www.epocrates.com

Revision History:

Date Reviewed/Updated: 10/4/11 by A. Reeves MD

Date Reviewed/No Updates: 4/2/12; 1/16/13 by A. Reeves MD

Date Approved by P&T Committee: 7/28/05, 10/25/11, 4/24/12, 1/29/13

Date Reviewed/No Updates: 1/28/14 by C. Sanders MD

Date Approved by P&T Committee: 1/28/14

Date Reviewed/No Updates: 1/13/15 by C. Sanders, MD

Date Approved by P&T Committee: 1/27/15

Date Reviewed/Updated: 3/12/15 by C. Sanders, MD; R. Sterling, MD

Date Approved by P&T Committee: 1/26/16

Date Reviewed/Updated: 1/24/17 by C. Sanders, MD; R. Sterling, MD

Date Approved by P&T Committee: 1/24/17

Date Reviewed/Updated: 1/23/18 by C. Sanders, MD; R. Sterling, MD

Date Approved by P&T Committee: 1/23/18

Date Reviewed/Archived: 1/22/19 by C. Sanders, MD; R. Sterling, MD

Date Approved by P&T Committee: 1/22/19

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
1/24/17	No	Catherine Sanders, MD;	Annual review
		Robert Sterling, MD	
1/23/18	No	Catherine Sanders, MD;	Annual review
		Robert Sterling, MD	
1/22/19	No	Catherine Sanders, MD;	Archived
		Robert Sterling, MD	