

OPTIMA HEALTH PLAN

Pharmacy Prior Authorization Request Form*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7429 or 1-877-800-2839. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Name: FluMist – (LAIV- Live Attenuated Influenza Vaccine)

CPT Code 90660

- Live, intranasal influenza vaccine is approved for healthy children and adults from 5 through 49 years of age, including those who can spread influenza to people at high risk.
- LAIV is no more effective than the inactivated influenza vaccine (the "flu shot")
- LAIV is not recommended for:
 - ◆ pregnant women
 - ◆ adults 50 years of age or older
 - ◆ children younger than 5 years old
 - ◆ children or adolescents on long-term aspirin therapy
 - ◆ people with a weakened immune system
 - ◆ people with a history of Guillain-Barre' Syndrome
 - ◆ people with long-term health problems (i.e., heart, kidney, lung disease, diabetes, asthma, anemia or other blood disorders)
 - ◆ people in close contact with anyone with a severely weakened immune system
- As with the inactivated vaccine, use caution in anyone with a serious allergic reaction to eggs or a previous dose of influenza vaccine

Please indicate below reason for request:

____ Member is between age 5 and 49 and has a needle phobia, as noted below:

Patient _____ Member Number _____

Signed _____ Date _____

Physician Name _____ Phone Number _____

Fax Number _____