



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: Influenza Virus Vaccine Live, Intranasal

Brand Name: FluMist

Medication Class: Viral vaccine

FDA Approved Uses: Immunization against influenza A and B viruses

Usual Dose: Adults: 0.5ml administered as one 0.25ml spray in each nostril.
Children 5-8 years old receiving Flumist for the first time need to receive two doses: 0.5ml each, delivered as 0.25ml in each nostril separated by 60 days.

Duration of Therapy: Annual vaccination is necessary

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Healthy patients ages 5-49
- Intramuscular influenza vaccine contraindicated.

Contraindications:

- Hypersensitivity to any component of the vaccine, including eggs or egg products.
- Children and adolescents receiving aspirin therapy or aspirin-containing therapy.
- History of Guillain-Barre syndrome.
- History of asthma or reactive airway disease
- Immunocompromised patients
- Patients receiving immunosuppressive therapy

Not approved if:

- Patient is high risk and requires injectable trivalent influenza virus vaccine:
 - Elderly
 - Young children less than 5 years old
 - Chronic disease state
 - Pregnancy
- Patient has any contraindications to the use of FluMist



P&T Approval: _____ Date: _____