

Pharmacy Medical Necessity Form

For Prior Authorization please fax to: (877)974-4411 toll free, or (616)942-8206

This form applies to: Commercial Plan Medicaid Plan Medicare Plan

Tamiflu (oseltamivir)/Relenza (zanamivir) For Prophylaxis

Urgent Non-urgent

Member Name:	Member #:
DOB:	Gender:
Provider Name:	Provider Phone:
Provider Office Address:	
Provider Office Contact Name:	Provider Fax:
Provider Signature:	Provider NPI:
Date:	Member's PCP:

Product:

- Tamiflu capsule 30 mg once daily for 10 days
- Tamiflu capsule 45 mg once daily for 10 days
- Tamiflu capsule 75 mg once daily for 10 days
- Tamiflu oral suspension 12 mg/ml once daily for 10 days
- Relenza 10mg (2-5mg inhalations) once daily for 10 days

Other Dose: _____ Start date: _____

Priority Health precertification requirement:

Authorization of Tamiflu/Relenza requires:

- Chemoprophylaxis of H1N1: Persons who are at higher risk for complications of influenza and are a close contact, as defined below, of a person with confirmed, probable, or suspected 2009 H1N1 or seasonal influenza during that person's infectious period.

Check all that apply:

- Chemoprophylaxis of a person at higher risk of complications, and are a close contact of a person with confirmed, probable, or suspected H1N1 during that person's infectious period. (Examples of close contact include sharing eating or drinking utensils, physical examination, or any other contact between persons likely to result in exposure to respiratory droplets).

High risk patient defined as:

- Unvaccinated infants up to 24 months
- Persons with asthma or other chronic pulmonary diseases, such as cystic fibrosis in children or chronic obstructive pulmonary disease in adults
- Persons with hemodynamically significant cardiac disease
- Persons who have immunosuppressive disorders or who are receiving immunosuppressive therapy
- HIV-infected persons
- Persons with sickle cell anemia and other hemoglobinopathies

- Persons with diseases that requires long-term aspirin therapy, such as rheumatoid arthritis or Kawasaki disease
- Persons with chronic renal dysfunction
- Persons with cancer
- Persons with chronic metabolic disease, such as diabetes mellitus
- Persons with neuromuscular disorders, seizure disorders, or cognitive dysfunction that may compromise the handling of respiratory secretions
- Adults aged greater than 65 years
- Residents of any age of nursing homes or other long-term care institutions
- Women 2 weeks postpartum
- Women who have had a miscarriage

- Other:** _____

Duration of Approval:

- When approved, authorization will be for one fill

Note:

- Maximum therapy allowed is two fills per calendar year
- No Prior Authorization is required for treatment of confirmed, probable or suspected seasonal or H1N1 influenza (quantity limits of 10 doses per 5 days supply, 2 treatments per year apply).
- Antiviral agents should not be used for post exposure chemoprophylaxis in healthy children or adults based on potential exposures in the community, school, camp or other settings.
- Pregnancy is not considered a contraindication to oseltamivir or zanamivir use. Because of its systemic activity, oseltamivir is preferred for treatment of pregnant women. The drug of choice for chemoprophylaxis is less clear. Zanamivir may be preferable because of its limited systemic absorption; however, respiratory complications that may be associated with zanamivir because of its inhaled route of administration need to be considered, especially in women at risk for respiratory problems. Post partum (2 weeks) is included in the high risk group.

***** All fields must be complete and legible for Prior Authorization Review*****

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YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX**