FUTURE SCRIPTS Secure

Please complete ALL information below and fax your request to 1-888-671-5285

Prophylactic Vaccines & Hepatitis B Vaccine Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if **generic substitution** is acceptable	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the requested medication below:

- ❑ Antivenin Sera
- ❑ Botulinum Antitoxin
- ❑ Hepatitis B vaccine
- ❑ Immune Globulin
- ❑ Rabies vaccine
- ❑ Tetanus

Provide the diagnosis: _____ ICD-10 Code(s): _____

For Hepatitis B Vaccine:

Is the patient at intermediate or high risk of contracting hepatitis B? ❑ **Yes** ❑ **No**

Please note: "High risk" is defined as patients with end-stage renal disease (ESRD), hemophilia and receiving factor VIII and IX concentrates, attending institutions for the medically handicapped, live in the same household as a hepatitis B virus (HBV) carrier, homosexual men, and illicit injectable drug abusers. "Intermediate risk" is defined as patients who are staff in institutions for the mentally handicapped and healthcare professionals who have frequent contact with blood or blood-derived body fluids during routine.

For Antivenin Sera, Botulinum Antitoxin, Immune Globulin, Rabies Vaccine, or Tetanus:

Is the requested medication given directly related to the treatment of an injury or direct exposure to a disease or condition? ❑ **Yes** ❑ **No**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.