

## Prior Authorization Request Form for Hepatitis B Vaccine

**Member Information**

**Provider Information**

Patient Name _____	Provider Name _____
Cardholder ID _____	DEA Number _____
Date of Birth _____	Address _____
Address _____	City, State and Zip _____
City, State Zip _____	Phone Number _____
Phone Number _____	FAX Number _____

**Criteria for Approval:**

1. Which agent is requested?
 

<input type="checkbox"/> Engerix-B (Hepatitis B Recombinant)	<input type="checkbox"/> Recombivax-B (Hepatitis B Recombinant)
<input type="checkbox"/> Bayhep B (Hepatitis B Immune Globin)	<input type="checkbox"/> Nabi-HB (Hepatitis B Immune Globin) Nabi-
<input type="checkbox"/> HB Nova Plus (Hepatitis B Immune Globin)	
2. Is the patient 18 years of age or older?      Yes     No
3. Is the vaccine to be used to treat individuals who are at high to moderate risk of developing Hepatitis B?      Yes     No
4. Is the patient:
  - an individual with End stage renal disease (ESRD)
  - a hemophiliac who received Factor VIII or IX concentrations
  - a client of an institution for individuals for the mentally handicapped
  - who lives in the same household as a hepatitis B virus (HBV) carrier
  - a homosexual male
  - an illicit injectable drug abuser
  - a worker in the health care profession who has frequent contact with blood or blood-derived body fluids during routine work
  - a staff member in an institution for the mentally handicapped
5. Is the vaccine being provided a part of a routine immunization?    Yes       No

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fax completed forms to (866) 284-4509.**

**For Office Use Only**

Date/Time Received \_\_\_\_\_

Reference Number \_\_\_\_\_

Approved / Denied (Circle One) by \_\_\_\_\_ Date \_\_\_\_\_

Date/Time Returned to Provider \_\_\_\_\_

If you have any questions regarding this form, contact the Prior Authorization Department Toll Free at (866) 284-4492 or Fax Toll Free at (866) 284-4509.

FOX Rx Care Utilization Management  
3375-I Capital Circle NE  
Tallahassee, FL 32308

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