



## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

### **Diagnoses**

Patient must have **ONE** of the following

1. Hepatitis A, prophylaxis with **ONE** of the following:
  - a. Exposed to hepatitis A within the last 2 weeks
  - b. High risk for hepatitis A
2. Measles (Rubeola), prophylaxis
  - a. Exposed to measles within the last 6 days
3. Rubella, prophylaxis
  - a. Female
  - b. Recently exposed
4. Varicella, prophylaxis
  - a. Exposed to varicella within the last 10 days
  - b. High risk for varicella
  - c. Varicella zoster immune globulin is **NOT** available

## **Prior - Approval Limits**

**Duration** 1 month

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## **Prior – Approval *Renewal* Requirements**

Same as above

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Same as above