



Pre - PA Allowance

None

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

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above