ProCare Rx

Hepatitis B Vaccine

Ticket #: ____________________ Request Date: ____________________ Request Time: ____________________

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of Hepatitis B Vaccine. Based on recent clinical information, we require more information before this prescription can be paid by the patient's health benefit plan. Please fill out the following information and return to us as indicated below:

A. Member Information

Patient Name:	Plan Name/Plan ID:	
Patient ID:	Patient Date of Birth:	Patient Contact Phone #:

B. Physician Information

Physician Name:	Physician Address:		
Physician DEA #:	Physician Phone #:	Physician Fax #:	
Drug Name and Strength:	Direction (SIG):	QTY and Days Supply:	NDC #:

C. Pharmacy Information

Pharmacy Name:	NABP #:	Pharmacy Phone #:	Pharmacy Fax #:

D. Clinical Information (Please fill out the following information)

Initial PA Request, please check all that apply directly to the patient:

- ☐ Client of institutions for individuals for the mentally handicapped
- ☐ End Stage Renal Disease (ESRD)
- ☐ Hemophilia, received Factor VIII or IX concentrates
- ☐ Homosexual male
- ☐ Illicit injectable drug user
- ☐ Patient lives in the same household as a hepatitis B virus (HBV) carrier
- ☐ Patient is employed in institutions for the mentally handicapped
- ☐ Patient is a health care professional who has frequent contact with blood or blood-derived body fluids during routine work
- ☐ Other: ____

PLEASE PROVIDE SUPPORTING CHART DOCUMENTATION

Authorized Medical Signature:	
Telephone:	Date:

When Completed Return To:

ProCare PBM Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507
1-866-965-Drug (3784) / Fax # 866-999-7736

**Please note that this form is to be completed by the prescribing physician. This form and its contents are permissible under HIPAA as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). HIPAA does restrict the communication of PHI with providers for TPO related purposes.

Prior authorization forms are reviewed at least annually and are available at www.procarerx.com. Medical Review Criteria are reviewed at least annually. Revised 09/2015