

The following policy is for medication that falls under the Medicare Part D benefit only.

**Prior Authorization Group: Immunizations**

**Drug(s):** GARDASIL (quadrivalent human papillomavirus (6,11,16,18) recombinant vaccine), JE-VAX (Japanese encephalitis virus vaccine), ROTASHIELD/ROTATEQ/ROTARIX (rotavirus vaccine), VIVOTIF BERNA (typhoid vaccine), TYPHIM Vi (purified Vi polysaccharide typhoid vaccine), YF-VAX (yellow fever vaccine)

**Covered Uses:** FDA-approved indications not otherwise excluded from Part D.

**Required Medical Information:** Medical record documentation of risk.

**Age Restrictions:** Per FDA approved package label.

**Prescriber Restrictions:** N/A

**Other Criteria:** Per FDA approved package label.

**Exclusion Criteria:** Per contract, the use of immunizations will not be considered medically necessary for the following situations:

- for travel purposes outside of the United States or employment;
- Instances of unsubstantiated risk;
- Rabies immunization for pre-exposure prophylaxis, post-exposure prophylaxis for indirect contact, post-exposure prophylaxis for occupational-related exposures.

Immunizations that do not meet the definition of a Part D drug and/or information provided identifies that conditions meet the criteria for use under the Part B benefit are excluded from Part D. Doses exceeding FDA approved package label or exceeds standard of practice are excluded.

**Coverage Duration:** Per FDA approved package label.