

Prescriber Criteria Form

Rabies Vaccine 2025 PA Fax BD-23 v1 010125.docx

Rabies Vaccines
Imovax, Rabavert
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Rabies Vaccines.

Drug Name:

Patient Name:

Patient ID:

Patient DOB:

Patient Phone:

Prescriber Name:

Prescriber Address:

City:

State:

Zip:

Prescriber Phone:

Prescriber Fax:

Diagnosis:

ICD Code(s):

Please circle the appropriate answer for each question.

1	Is the rabies vaccine being prescribed as a preventative vaccine for a patient who is at risk of exposure to rabies? (Note: Post-exposure prophylaxis is not eligible for coverage under Part D.)	Yes	No
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Comments:

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

Prescriber (or Authorized) Signature: _____ Date: _____