Horizon NJ Health

Vaccines – Medical Necessity Request

1. Is the vaccine for a routine vaccination or for travel?
   □ Routine
     • Does the member have any chronic conditions [e.g., Diabetes, Liver Disease, Kidney Disease, Asplenia (does not have a spleen), HIV/AIDS]? Yes or No
       - If Yes, please list the specific condition(s):

   • Is this a booster or catch-up vaccination? Yes or No
     - If yes, please provide number of doses being requested

   • How many doses in the schedule or series has the member received in the past?

   • What dates did the member receive the previous doses?

   • What is the vaccine being prescribed for?
     □ Job Requirement
       - What is the member’s occupation?
     □ School/College
       - Will the member be living in a dormitory? Yes or No
       - If applicable, please document if the member will be working/studying in an environment/facility that would require vaccination (e.g., healthcare, laboratory with Hepatitis A infected primates, day-care)

   □ Other: _______________________________________________________________

   □ Travel
     • Where is the member traveling to? (provide specific country):

   • What is the purpose of this visit?

Please complete the following questions for members less than 19 years of age:

1. Does the prescriber's office participate in the Vaccines for Children (VFC) Program? Yes or No
   • If Yes, is the vaccine covered under the VFC program? Yes or No (Please refer to http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html)
     o If covered, can the vaccine be ordered through the VFC? Yes or No
       - If no, why not?

   • If No, please provide the reason why the office does not participate in the VFC*:

* Note: Offices may enroll in the NJ VFC program via phone at 609-826-4862.

Physician office’s signature* __________________________ Print Name ________________________________

*Form must be completed and signed by physician or licensed representative from the physician’s office