



PLEASE FAX OR MAIL THIS FORM TO:
 Toll Free Fax #: 1-866-240-8123 Mailing Address: Medical Management & Policy • 120 Fifth Avenue, MC P4207 • Pittsburgh, PA 15222

MEDICARE PART D HOSPICE PRIOR AUTHORIZATION INFORMATION

This form should be used to request coverage of prescription medications under Medicare Part D when the member is in Hospice care when it is believed the drug should not be covered under the Part A hospice benefit. Please submit a separate form for each medication.

TO: MEDICARE PART D PLAN INFORMATION FROM: HOSPICE PROVIDER INFORMATION

Plan Name	Hospice Name
PBM Name	Address
Phone Number ()	Phone Number ()
Fax Number ()	Fax Number ()
Secure E-Mail	NPI
Contact Name	Contact Name

PATIENT INFORMATION PRESCRIBER INFORMATION

Patient Name	Prescriber Name
Patient DOB	Prescriber NPI
Patient ID # (HICN)	Practice Name
Admit Date	Practice Address
Discharge Date	Contact Name
ADMISSION OR DISCHARGE UPDATE ONLY <input type="checkbox"/>	Practice Phone Number ()
Primary Diagnosis	Practice Fax Number ()
Secondary Diagnosis	Hospice Affiliated YES <input type="checkbox"/> NO <input type="checkbox"/>
Unrelated Diagnosis	

HOSPICE PHARMACY BENEFIT MANAGER (PBM) INFORMATION

PBM Name	BIN	Cardholder ID
PBM Phone Number ()	PCN	Group ID

MEDICATIONS UNRELATED TO TERMINAL ILLNESS AND/OR RELATED CONDITIONS: PRIOR AUTHORIZATION REQUIRED

Medication Name and Strength	Dosing Schedule	Qty/Month	Rationale to Support the Medication is Unrelated to Terminal Illness (Optional)

SIGNATURE OF HOSPICE REPRESENTATIVE OR PRESCRIBER REQUIRED

Representative _____ Date _____

Prescriber _____ Date _____

If the prescriber of the non-covered medication is unaffiliated with the Hospice provider, has the prescriber confirmed with the Hospice provider that the medication is unrelated to the terminal illness and/or related conditions? YES NO

This fax is intended for the use of the individual or entity to which it is addressed. It contains confidential information that is privileged and exempt from disclosure under State and Federal law. If you are not the intended recipient, distribution or copying of this communication is strictly prohibited.