

Hospice/Part D drug prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Medicare Part A** **Medicare Part D**
 This request is: **Expedited request** **Standard request**

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Prior authorization criteria

This prior authorization form is intended to help determine whether payment for a drug will be made under the Part A hospice benefit or Part D drug benefit. Drugs used for care of the patient's terminal illness or a condition related to the terminal illness are covered under the Part A benefit, even if the prescriber is unaffiliated with the hospice provider, the drug is not on the hospice formulary, the drug is not medically necessary, or the drug is waived through hospice election.

Medically accepted indication

When this drug is not covered under Medicare Part A, it is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information, the DRUGDEX Information System, and the USPDI or its successor.)

A. Is the patient currently enrolled in Hospice?

Yes, the beneficiary's hospice diagnosis is: _____ No

B. List the drug(s) requested. Priority Health Medicare must know whether the drug is related to the terminal illness or a related condition when the patient is enrolled in Hospice. If it is not, explain why.

Drug: _____ Drug use is related to terminal illness
 Drug is for a related condition to the patient's terminal illness
 Drug is not related to the patient's terminal illness **because:** _____

Drug: _____ Drug use is related to terminal illness
 Drug is for a related condition to the patient's terminal illness
 Drug is not related to the patient's terminal illness **because:** _____

Drug: _____ Drug use is related to terminal illness
 Drug is for a related condition to the patient's terminal illness
 Drug is not related to the patient's terminal illness **because:** _____