Hospice: Drugs Not Related to Terminal Illness Prior Authorization Form

Fax Completed Form to: 701-328-1544

Prior Authorization Vendor for ND Medicaid

Payment for hospice services is outlined in the General Information for Providers. Reimbursement for drugs related to the member's terminal illness is included in the per diem rate for hospice covered services and will not be reimbursed separately through the Medicaid Pharmacy Program. Please complete the form below to provide clinical justification for continuation of each requested medication **NOT** covered by hospice (subject to clinical review).

Member Information		
Member Name	Member Date of Birth	ND Medicaid ID
Hospice Information		
Hospice Provider	Clinical Contact/Title	
Date of Hospice Election	Telephone Number	Fax Number
Primary Hospice Diagnosis	Other Hospice-Related Diagnoses	
Prior Authorization Request		
Prescriber Name	Is the prescriber aware of member's hospice status? ☐ YES ☐ NO	
Prescriber NPI	Telephone Number	Fax Number
Pharmacy Name	Telephone Number	Fax Number

Drug and Strength	Diagnosis	Clinical Rationale of Medical Necessity Considering Current Life Expectancy (if not related to terminal illness)

☐ *I confirm that I have considered the member's current life expectancy and that the requested drug(s) remain medically necessary for ongoing treatment of the respective non-hospice indication(s).*

Prescriber (or Staff) / Pharmacy Signature*	Date

* By completing this form, I hereby certify that the above request is true, accurate, and complete. The request is medically necessary, does not exceed the medical needs of the member, and is clinically supported in the member's medical records. I also understand that any misrepresentations or concealment of any information requested in the prior authorization request may subject me to audit and recoupment.