



MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION
HOSPICE DRUG PRIOR AUTHORIZATION

PLEASE PRINT OR TYPE.
ALL REQUIRED INFORMATION MUST BE SUPPLIED OR THE REQUEST CANNOT BE PROCESSED.
PHONE: 1-800-392-8030 FAX: 573-526-4650

GENERAL INFORMATION

PARTICIPANT NAME	
PARTICIPANT MO HEALTHNET NUMBER	DATE OF BIRTH
REQUESTED MEDICATION (NAME AND STRENGTH)	ANTICIPATED DURATION OF NEED
PRESCRIBING DIRECTIONS	
DIAGNOSIS FOR THE REQUESTED MEDICATION AND WHY IT IS NOT RELATED TO TERMINAL CONDITION	
TERMINAL CONDITION	DATE OF FIRST DISPENSE

HOSPICE INFORMATION

HOSPICE NAME AND CONTACT PERSON	MO HEALTHNET PROVIDER IDENTIFIER
	PROVIDER TAXONOMY CODE
TELEPHONE NUMBER ()	FAX NUMBER ()

PHARMACY INFORMATION

PHARMACY NAME AND CONTACT PERSON	MO HEALTHNET PROVIDER IDENTIFIER
TELEPHONE NUMBER ()	FAX NUMBER ()

PHYSICIAN INFORMATION

PRESCRIBING PHYSICIAN NAME	MO HEALTHNET PROVIDER IDENTIFIER (OR DEA NUMBER)
	PROVIDER TAXONOMY CODE
TELEPHONE NUMBER ()	FAX NUMBER ()