



**INFUSION SITE OF CARE DRUG MANAGEMENT
INFORMATION FORM**

Please complete this **AND** appropriate Medication Prior Authorization form and fax to Highmark Health Options Pharmacy Services. **FAX: (855) 476-4158**

If needed, you may call to speak to a Pharmacy Services Representative. **PHONE: (844) 325-6251 Mon – Fri 8 am to 7 pm**

PROVIDER INFORMATION

Requesting Provider:	NPI:
Provider Specialty:	Office Contact:
Office Address:	Office Phone:
	Office Fax:

MEMBER INFORMATION

Member Name:	DOB:
Member ID:	

DRUG INFORMATION

Medication:	Route of Administration:
Directions/Frequency:	
Is the member currently receiving requested medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Medication Initiated:
Is this medication being used for a chronic or long-term condition for which the medication may be necessary for the life of the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLACE OF SERVICE INFORMATION

Name:	NPI:
Address:	Phone:

Billing Information:

The medication will be billed:

- at a pharmacy
- medically, JCODE: _____

Will the drug be administered via home infusion, at the Doctor's office (professional billing only), or at an Ambulatory Infusion Center? Yes No

➤ If no, which of the following, if any, apply to the member:

- Member is initiating therapy
- Member is re-initiating therapy after a period of 6 months with no therapy
- Member had a previous reaction after administration
- Member needs specific monitoring that is not routinely done by home infusion or at provider's office
- Member is receiving other medications that require close monitoring (such as chemotherapy)
- Member is at high risk of complications
- Member's home is considered unsuitable for care (may be determined by the home infusion provider)
- Member is physically and/or cognitively impaired and there is no caregiver available to comply with the treatment
- No location available to provide the specific service
- Other: _____

Place of Service:

- Member's Home (billed via pharmacy or place of service code 12) **preferred*
- Doctor's Office – professional billing (place of service code 11) **preferred*
- Ambulatory Infusion Center (place of service code 49) **preferred*

OR

- Outpatient Hospital IV Infusion Department (place of service code 19)
- Hospital-based Outpatient Clinical Level of Care (place of service code 22)

Prescribing Provider Signature

Date

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