



Hospital Discharge Supplement

for the Passport Health Plan Prior Authorization (PA) Request Form

- and -

the Passport Advantage Coverage Determination Request Form

Directions:

For each drug class specified below, **please attach the corresponding information or include on the request form in the appropriate field.** *Note: Do not fax this sheet to the Plan. It is meant to be an informational guideline only.*

Did You Include?	Drug Class	Required Information
<input type="checkbox"/>	Behavioral Health Medication	<ul style="list-style-type: none"> Indicate if the request is for continuing therapy, i.e., medication(s) begun prior to discharge. If yes, specify under "Previous Therapy." Indicate if other medications in class were tried during the hospital stay. Specify under "Previous Therapy." You may also provide medication log/progress notes.
<input type="checkbox"/>	Anti-infective	<ul style="list-style-type: none"> Copies of Cultures/Sensitivities. Check the box for "Lab or medical results are attached." If medication is infused, call (502) 585-7320 for assistance in arranging home health care.
<input type="checkbox"/>	Anti-coagulant	<ul style="list-style-type: none"> INR and expected transition time to oral agent. Check the box for "Lab or medical results are attached."
<input type="checkbox"/>	Respiratory Agents	<ul style="list-style-type: none"> Other medications in class which were tried and found not effective during this hospital stay. Specify under "Previous Therapy."

Fax all hospital discharge-related Prior Authorization or Coverage Determination requests to:

PASSPORT HEALTH PLAN (877) 693-8476

PASSPORT ADVANTAGE (866) 533-5491

Questions?

If you have any questions about this supplemental sheet or the hospital discharge process, please call (800) 578-0898 for Passport Health Plan or (866) 533-5490 for Passport Advantage.