envolve Pharmacy Solutions

Prior Authorization Request Form

sunshine health

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Or return completed fax to **1-833-546-1507**

I. PROVIDER INFORMATION	II. MEMBER INFORMATION	
Name:	**Name:**	
NPI #:	**Member ID:**	
Office Contact:	**Date of Birth:**	
Phone:	**Height:**	**Weight:**
Fax:	**Medication Allergies:**	
Diagnosis:	**ICD-10:**	

III. DRUG INFORMATION	
Drug name and strength:	**Dosage Form:**
Directions:	**Qty. per day:**
Length of Therapy:	**Expedite/Urgent?** ☐ **Yes** ☐ **No**

IV. MEDICATION HISTORY	
A. Therapy Status: ☐ Initial ☐ Continuation	**If continuation, provide therapy start date:**
B. Has strength or daily dose changed? ☐ Yes ☐ No	**List Change:**
C. Have you attached test results (HbA1c, genetic testing, etc.) to support this request? ☐ Yes ☐ No	

V. ALTERNATIVE/CONJUNCTIVE TREATMENT HISTORY RELATED FOR THIS REQUEST		
Drug Name, Strength, Form, and Dosage	**Date(s) of Therapy**	**Reason for Discontinuation (If active, please indicate)**
1.		
2.		
3.		
4.		

NOTE: Must provide medical record evidence indicating prior use of preferred drug(s).

VI. DOCUMENT CLINICAL RATIONALE FOR USE OF MEDICATION

Prescriber Signature:	**Date:**

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that documentation supporting this information is available for review if requested by the health plan sponsor, or, if applicable, a state or federal regulatory agency. I understand that any person who knowingly makes or causes a false record or statement that is material to a claim ultimately paid by the United States government or any state government may be subject to civil penalties and treble damages under both the federal and state False Claims Acts. *See, e.g.*, 31 U.S.C. §§ 3729-3733.

Envolve Pharmacy Solutions PA Department | 5 River Park Place East, Suite 210 | Fresno, CA 93720**. Confidentiality Notice**: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately (via return fax) and arrange for the return or destruction of these documents

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