



HEALTHY KIDS
MEDICATION PRIOR AUTHORIZATION REQUEST FORM



Is the request for a SPECIALTY MEDICATION?

- YES -> Do NOT use this form for your SPECIALTY MEDICATION request. Complete the DRUG SPECIFIC (link) form OR the GENERAL ENROLLMENT (link) form if the drug is not listed.
NOTE: Forms are available on the Sunshine Health website at www.SunshineHealth.com.
NO -> Complete THIS form and FAX to 1-866-399-0929

TODAY'S DATE: _____

Form sections: I. MEMBER INFORMATION, II. PRESCRIBER INFORMATION, IV. MEDICATION REQUESTED (only ONE medication request per form), V. DIAGNOSIS (as relevant to this request), VII. MEDICATION HISTORY (for this diagnosis), VIII. RATIONALE FOR REQUEST and PERTINENT CLINICAL INFORMATION

Prescriber Signature - Dispense as Written (DAW): X _____ Date: _____

Prescriber Signature - Substitution Permitted: X _____ Date: _____

Please access www.SunshineHealth.com or contact provider services for a current listing of preferred products. A response will be provided via fax or phone within 24 hours of receipt of the request. Incomplete and illegible forms will delay processing. Be sure to include lab reports with requests when appropriate. To request a 72 hour emergency supply of medication you may call US Script at 1-877-397-9526. NOTE: The 72 hour supply does not apply to specialty medications. Requests can also be mailed to: US Script, Attention: Prior Authorization Department, 2425 West Shaw Avenue, Fresno, California 93711.