



MEDICATION REQUEST FORM
Sunflower Health Plan

This form is for oral and self-administered medications only.
For buy and bill, please use the biopharmacy request form.



FAX to (866) 399-0929

SPECIALTY PHARMACY: Yes No

OR Mail to: Envolve Pharmacy Solutions Prior Authorization Dept.
5 River Park Place East, Suite 210
Fresno, CA 93720

If yes, ship to: Members Home Prescriber's Office
Pharmacy Name:
Pharmacy Address:

I. MEMBER INFORMATION
II. PRESCRIBER INFORMATION
III. INSURANCE INFORMATION - For specialty requests only
IV. MEDICATION REQUESTED (one medication request per form)
V. DIAGNOSIS (as relevant to this request)
VI. ADDITIONAL INFORMATION - For specialty requests only
VII. MEDICATION HISTORY
VIII. RATIONALE FOR REQUEST and PERTINENT CLINICAL INFORMATION

Prescriber Signature - Substitution Permitted:

Prescriber Signature - Substitution Permitted:

X Date: X Date:

Please access www.SunflowerHealthPlan.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 Envolve Pharmacy Solutions at (877) 397-9526. NOTE: The 72 hour supply does not apply to specialty medications.