SUNFLOWER HEALTH PLAN
UTILIZATION MANAGEMENT OVERRIDE FORM

Please use this form to request overrides for Utilization Management (UM) edits
(Age limits, Gender limits, Duration limits, Quantity limits)
FAX this completed form to (866) 399-0929 OR call for a verbal override request at **877-215-6679**

I. MEMBER INFORMATION	II. PRESCRIBER INFORMATION
Name:	Name:
ID Number:	Specialty:
Gender:	NPI or DEA Number:
Date of Birth:	Group or Hospital:
Address:	Address:
City, State, Zip	City, State, Zip:
Primary Phone	Phone:
Alternate Phone:	Fax:
Medication Allergies:	Office Contact Name:
III. INSURANCE INFORMATION	
Primary Insurance:	Secondary Insurance:
ID Number:	ID Number:
Phone Number:	Phone Number:
IV. MEDICATION REQUESTED *(one medication request per form)*	
Drug Name:	Dosage/Strength:
Dosage Form:	Route of Admin:
Quantity Per Day:	Directions:
Refills/Length of Tx:	Therapy Start Date:
V. DIAGNOSIS *(as relevant to this request)*	
Diagnosis:	ICD10:
Date of Diagnosis:	*NOTE: Include diagnostic clinicals (labs, radiology, etc.)*

VI. MEDICATION HISTORY *(for this diagnosis)*

A. Is the member currently on this medication? ☐ Yes; if yes, how long?_____ ☐ NO; if no, skip to items B&C, go to D.

B. Is this request for continuation of a previous approval? ☐ Yes; if yes, go to item C. ☐ NO; if no, skip to item C, go to D.

C. Has the strength, dosage, or quantity required per day: ☐ INCREASED ☐ DECREASED ☐ REMAINED the SAME

D. Indicate PREVIOUS medications treatment/outcomes below: *NOTE: Confirmation will be made using claims history.*

	Drug Name, Strength, and Dosage	Dates of Therapy	Reason for Discontinuation
1			
2			
3			

VII. RATIONALE FOR REQUEST and PERTINENT CLINICAL INFORMATION
Note: Appropriate clinical information to support this request is required for all overrides. Attach additional sheets if more space is needed.

Prescriber Signature – Dispense as Written (DAW):

X_____ Date:_____

Prescriber Signature – Substitution Permitted:

X_____ Date:_____

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.