Reset Form | Print Form

sunshine health

MEDICATION PRIOR AUTHORIZATION REQUEST FORM
FAX this completed form to 1-833-546-1507
OR Mail request to: Pharmacy Services Prior Authorization Dept.
5 River Park Place East, Suite 210 | Fresno, CA 93720
Call 1-866-399-0928 to request a 72-hour supply of medication.
Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information,
expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

HIV Diagnosis Verification or Prophylaxis For HIV

This form is not the appropriate form for Fuzeon, Selzentry, or Serostim submissions. Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY) / /

Recipient's Full Name

Prescriber's Full Name

Prescriber's NPI

Prescriber Phone Number - -

Prescriber Fax Number - -

Drug	Quantity	Dosage and Frequency of Dosage

HIV Diagnosis Verification OR Prophylaxis for HIV

Diagnosis / Indication for therapy:

- ☐ Maternal-fetal prophylaxis
- ☐ Sexual Assault (non-occupational exposure prophylaxis)
- ☐ HIV **(Specify Diagnosis Code):** _____
- ☐ Pre-Exposure HIV Prophylaxis
- ☐ Other: _____

Providers who call 800-603-1714 or 877-553-7481 to verbally attest to an HIV diagnosis will be allowed a one-month override to allow time for diagnoses codes to be updated in the billing process or for this verification form to be submitted with medical records to Medicaid. Technology solutions have been implemented to allow claims to automatically process for maternal-fetal prophylaxis and assault victims.

Prescriber's Signature: _____ Date: _____

Providers must retain copies of all documentation for five years.