arizona complete health

Prior Authorization / Formulary Exception Request Fax Form

CoverMyMeds is AzCH's preferred way to receive prior authorization requests.
Visit www.covermymeds.com/main/prior-authorization-forms/ to begin using this free service
OR FAX this completed form to (833) 546-1508.

Form must be fully completed to avoid a processing delay **For Prior Authorization Status Call: (866) 399-0928**

Patient's Name (Last, First, MI)	Date of Birth ---------- MM / DD / YYYY ----------	
Member ID # ---------- Please print clearly and enter one digit per box ----------	Patient's Phone ---------- Please print clearly and enter one digit per box ----------	
Patient's Address, City, State, Zip	Gender ☐ M ☐ F	Allergies
Provider's Name (Last, First, MI)	Provider Specialty	Contact Name
Provider's Address, City, State, Zip		NPI #
---------- Provider's Phone ---- Please print clearly and enter one digit per box ----------	---------- Provider's Fax ---------- Please print clearly and enter one digit per box ----------	
Medication Name and Strength	Quantity	Direction for Use and Duration
Administered: ☐ Doctor's Office ☐ Dialysis Center ☐ Home Health ☐ By Patient ☐ Other (specify):		
Diagnosis	ICD-10 Code	New Start with This Medication: ☐ Yes ☐ No If No, Date of First Dose
Medications Previously Tried with Dates of Use (supporting documentation required)		
Medical Justification and Supporting Information (**Chart Notes required. Labs required if applicable, Height and Weight**)		

For injectable drugs only:

Provider will supply drug: Yes ☐ No ☐	Specialty Pharmacy Yes ☐ No ☐
Total Units/Visits/Days:	The patient will obtain the medication from: The Provider ☐ A Pharmacy ☐

Servicing Provider/Facility Information:

Servicing Name:	Servicing NPI:	Contact Name: Phone Number:
Procedure Codes:		
Start Date:	End Date:	

I certify that the above information is correct to the best of my knowledge.

Physician's Signature (required)	Date

Mailing Address: Arizona Complete Health Pharmacy Department 333 E Wetmore, Suite 600 Tucson, AZ 85705

For copies of prior authorization forms and guidelines, please call (888) 788-4408 or visit the provider portal at www.AZCompleteHealth.com.

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