



Prior Authorization / Formulary Exception Request Fax Form

CoverMyMeds is AzCH's preferred way to receive prior authorization requests. Visit go.covermymeds.com/EnvolveRx to begin using this free service OR FAX this completed form to (855) 554-5233.

Form must be fully completed to avoid a processing delay

For Prior Authorization Status Call: (888) 788-4408

Main form containing patient information, provider details, medication specifics, and medical justification.

For injectable drugs only:

Form for injectable drugs including fields for drug supply, specialty pharmacy, and medication source.

Servicing Provider/Facility Information:

Form for servicing provider information including name, NPI, contact details, procedure codes, and dates.

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

Physician's Signature and Date fields.

The documents accompanying this facsimile transmission may contain information that is confidential and prohibited from disclosure.

Mailing Address: Arizona Complete Health Pharmacy Department 5225 E. Williams Circle, Suite 4000 Tucson, AZ. 85711

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