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

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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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