

- Standard – up to 72 hours for processing.
- Expedited** – up to 24 hours for processing.

****Must meet one of the following to qualify for expedited review:**

(1) the member's life, health, or ability to regain maximum function is in serious jeopardy; (2) the life, health, and safety of the member or others is in jeopardy due to the member's psychological state; or (3) the standard turnaround time would subject the member to adverse health consequences without the care or treatment being requested.

****Rationale for requesting an expedited review:** _____

Has this request been submitted to the member's health plan for Part D coverage consideration?

Yes No N/A

Request Date: _____ Anticipated Date of Service: _____
 Member's Name: _____ DOB: _____
 Mailing Address: _____ City: _____ Zip Code: _____
 Phone _____ Member ID#: _____

Requesting Provider: _____
 Tax ID/NPI: _____ Fax: _____
 Contact Name: _____ Phone w/extension: _____

Referred To Provider: _____ Specialty Type: _____
 Tax ID/NPI: _____ Specialty Type: _____
 Phone: _____ Fax: _____
Facility: _____ Tax ID/NPI: _____
 Place of Service: In Office Home Outpatient
 ICD-10 Code(s): _____
 HCPCS: _____ Dosage: _____ Frequency: _____ Duration: _____
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 HCPCS: _____ Dosage: _____ Frequency: _____ Duration: _____

For Part B drugs that are administered in conjunction with a procedure, please use the Prior Auth form located on our website: <http://azprioritycare.com/for-providers/forms-and-reference-materials/>

For Part D drug requests, please submit your request to the member's health plan.