

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:** \_\_\_\_\_

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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*For Part B drugs administered in conjunction with a procedure, please use the Prior Auth form located on our website: <https://azprioritycare.com/for-providers/prior-authorization/>*

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