



Part B Drug ONLY Prior Authorization Request Form
Fax Request and Supporting Documentation to: (480) 499-8798

MEDICAL NECESSITY DURATION REQUIRED

*How long will this prior authorization be medically necessary?
(The shortest duration will be used if no selection is made.)*

90 Days 180 Days 365 Days

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

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 ASC

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: <http://azprioritycare.com/for-providers/forms-and-reference-materials/>

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