BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Health Choice

Pharmacy Medication Prior Authorization / Exception Request Form

FAX: 1-877-424-5690

Phone: 1-800-656-8991

OR SUBMIT ONLINE AT https://healthchoice.promptpa.com

☐ **Standard - Initial Coverage Determination (Up to 72 hours)/ Redetermination (Up to 7 days)**
☐ **Expedite - Initial Coverage Determination (Up to 24 hours)/ Redetermination (Up to 72 hours)**

To ensure a timely response, please fill out the form completely and legibly.

Member Name (Last, First)	Member ID#	DOB	Date
Requesting Provider Name	NPI:	PCP (if different)	
Office Contact Person	Direct Phone #	Fax #	
Diagnosis 1 (include ICD-10)	Diagnosis 2	Diagnosis 3	

Please send all pertinent clinical documentation with this fax.

Name of Medication	Dosage	Quantity/ Amount	Duration
Sig/Instructions	Allergies		
List formulary medications tried / Include length of treatment and response with dates			
List formulary medications contraindicated / Reason			
☐ This is a reauthorization of current medication. **Recent clinical documentation is required. Please provide.**			

☐ If submitting a coverage request for a medication known to be High Risk in a patient over the age of 65 (High Risk Medication, HRM) **and** the prescriber attests that they are aware this is a high risk medication, potential side effects have been discussed and are understood by the patient, and the prescriber would still like to proceed with this treatment plan for the member, please check here.

Date Revised: February 2023