

PHARMACY / MEDICATION Prior Authorization Form

▶ CHECK BOXES BELOW INDICATING THE CORRECT CORRESPONDING HEALTH PLAN ◀



FAX
1-877-HCA-8130
(1-877-422-8130)
www.HealthChoiceAZ.com



FAX
1-877-HCG-5690
(1-877-424-5690)
www.HCGenerations.com

▶ PROVIDERS ARE REQUIRED TO FILL OUT THIS FORM COMPLETELY AND SEND MEDICAL DOCUMENTATION SUPPORTING THE REQUESTED SERVICE. FAILURE TO DO SO MAY RESULT IN A DENIAL OF SERVICE ◀

Member Name (Last, First)	Member ID#	DOB	Date
Requesting Provider Name	NPI	PCP (if Different)	
Office Contact Person	DIRECT Phone #	Fax #	
Diagnosis 1 (ICD-9 code)	Diagnosis 2 (ICD-9 code)	Diagnosis 3 (ICD-9 code)	

AHCCCS - Health Choice ARIZONA: **Standard (Up to 14 Calendar days)**
 Expedited* (Up to 3 Business days)

Medicare Advantage PART D - Health Choice GENERATIONS HMO: **Standard (Up to 72 hours)**
 Expedited* (Up to 24 hours)

PLEASE NOTE: Inappropriate *EXPEDITED requests hinder the authorization process of vital medication services to Providers and Members. Inappropriate requests may be reduced to Standard by Health Choice**

Name of Medication (and J-code IF applicable)	Dosage	Quantity/ Amount	Refills (<12)
Sig/Instructions	Allergies		
List Formulary Medications Tried / When			
List Formulary Medications Contraindicated / Reason			

- FOR INTERNAL Health Choice USE ONLY -

Health Choice has considered the above request and has made the following medical necessity determination:

Approved: Signature _____ Date _____

Reduce Expedited ▶ Standard: Medical Director/Designee _____ Date _____

14-day Extension: Medical Director/Designee _____ Date _____
Request:

Denied: Medical Director/Designee _____ Date _____

- Insufficient medical documentation was received by HCA/HCG in order to make a medical necessity determination.
- There is no documentation of medical necessity based on the records received for review by HCA/HCG.
- There is no medical documentation of trial/failure of the listed formulary medication options.
- There are alternative Formulary choices in this class OR for this diagnosis available without Prior Authorization.
- There are alternative Formulary choices in this class OR for this diagnosis available WITH Prior Authorization.
- There is no medical documentation to support bypassing the Formulary Quantity Limits (QLL) set for this medication.
- There is no medical documentation to support bypassing the Formulary Step Therapy Program for this medication.
- The requested service is not a covered plan benefit.

Provider Notice: