



You can contact Abrazo Advantage Health Plan at (602) 674-6652 or (888) 887-9982 or visit us on the web at www.abrazoadvantage.com

<input type="checkbox"/> Formulary Exception <input type="checkbox"/> Prior Authorization <input type="checkbox"/> Step Therapy <input type="checkbox"/> Quantity Limit Exception <input type="checkbox"/> Tier Exception	
Fax completed forms to (602) 674-6652 or (888) 887-9982	
<u>Member Information</u>	<u>Provider Information</u>
Patient Name	Provider Name
AAHP ID number	Phone Number
Date of Birth	Fax Number
<u>Pharmacy Information</u>	
Pharmacy Name	Pharmacy Fax
<u>Medication Information</u> (one request per form)	
Drug Name	Strength
Directions for use:	Anticipated length of therapy:
<u>Criteria for Approval</u>	
Diagnosis	Drug Allergies
<u>Formulary medications tried/failed</u>	
<u>Reason for failure</u>	
1)	
2)	
<input type="checkbox"/> Request for Expedited Review (24 hours) By checking this box, you certify that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.	
For AAHP use only:	
<input type="checkbox"/> Approved	Reference number: _____
<input type="checkbox"/> Denied	Medical Directors Signature:
Denial Reason:	
Comments:	

Reason Code Legend - A) Not covered by Medicare **B)** No Evidence of failure of formulary medications **C)** Formulary drug has not been tried or used consistently (i.e., noncompliance) **D)** Other