



Physician Administered Drug List Review Request Form

The Physician Administered Drug List is comprised of FDA approved drugs that are to be administered in physicians' offices or outpatient facilities by doctors or eligible staff. The drugs must be reasonable, necessary and indicated for the diagnoses, or effective treatments of specific illnesses or injuries based on accepted standards of medical practice. All other program plan coverage and limitations still apply. For specific program and plan coverage information please refer to the Utah Medicaid Look up tool at:

<http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

The Physician Administered Drug List can be found on the Utah Medicaid website at:

<https://medicaid.utah.gov/pharmacy/resource-library>

The request to consider coverage of additional drugs or changes to existing injectable drugs will be completed in the order received.

Request Date: _____

REQUESTOR CONTACT INFORMATION

Provider Name & Number: _____ **Name of office Contact:** _____
Practice/Company Name: _____
Address: _____ **City, State Zip** _____
Phone: _____ **FAX:** _____ **Email:** _____

REQUEST

Request consideration to: Open new injectable drug Change or add new indication(s) to already approved drug

Chemical Name: _____ **Brand Name:** _____

HCPCS/CPT Code(s): _____ **Dose/Unit:** _____

NDC(S): _____ **AWP/Unit:** _____

Does the manufacturer offer rebates on the drug at this time? Yes No

Approved Indications(s): _____ **ICD-9/10 Code(s):** _____

FDA Approval Date: _____ **If not FDA approved, date application submitted?** _____

Is there a specific Medicaid eligible patient pending this determination? Yes No

If yes, please indicate patient's name and Medicaid ID# _____

Briefly summarize your request in the space provided below and attach any supporting documentation

you wish to be considered: _____

Submit completed request electronically to: medicaidpharmacy@utah.gov

Submit completed request by fax to: 855-828-4992