

UTAH MEDICAID PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Exception to 3 Month Supply

Utah Medicaid requires a mandatory 3-month supply for select maintenance medications after a two-month time period for dose titration and stabilization. For a 3-month supply, Utah Medicaid fee-for-service members who are subject to cost-sharing will pay a single copay. Additionally, pharmacies will receive a single dispensing fee on prescriptions filled for a 3-month supply.

Member and Medication Information	
* indicates required field	
*Member ID:	*Member Name:
*DOB:	*Weight:
Provider Information	
* indicates required field	
*Requesting Provider Name:	*Requesting Prescriber NPI:
Address:	
*Contact Person:	*Office Phone:
*Office Fax:	*Office Email:
Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at 855-828-4992 , to prevent processing delays.	

Medication Information		
* indicates required field		
*Name/Strength	*Dose	*Directions for Use

Criteria for Approval

- ☐ The request is made by a provider or pharmacy currently enrolled with Medicaid.

At least one of the following criteria must be met:

- ☐ This medication will not be used as maintenance therapy for this patient.
- ☐ This patient is not yet stabilized on this medication (requires an additional 1-month fill).
- ☐ This patient is homeless and/or cannot store a 3-month supply of medication.
- ☐ There are extenuating circumstances that justify an exception to the mandatory 3-month fill, please explain:

Authorization: Up to one (1) year

PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

Prescriber's Signature

Date