

**Non-Preferred Combination Product and/or
Dosing Kit Authorization Request**

Patient name: _____ Medicaid ID #: _____
Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____
Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____
Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____
Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

**FAX PROGRESS NOTES AND/OR
LETTER OF MEDICAL NECESSITY TO 855-828-4992**

Submission of a request does not guarantee prior approval.
Utah Medicaid's Preferred Drug List is available at <https://medicaid.utah.gov/pharmacy/>

Combination Products:

Utah Medicaid generally requires the use of multiple single-entity products instead of one combination product. Unless a combination product is listed as Preferred on Utah Medicaid's Preferred Drug List, this form must be used to request a combination product. Please provide objective clinical evidence against using the individual agents.

Kits:

Utah Medicaid does not generally reimburse for dosing kits (e.g. therapy initiation dose titration kits). Unless a product is only available in a kit, this form must be used to request a kit. Please provide object clinical evidence regarding the necessity of a kit.

AUTHORIZATION: 1 year

RE-AUTHORIZATION: Updated letter of medical necessity

10/03/2016