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:

<table>
<thead>
<tr>
<th>REQUESTOR CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name &amp; Number:</td>
</tr>
<tr>
<td>Practice/Company Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
</tbody>
</table>

### 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