



Molina Healthcare of Utah

Fax: (866)497-7448

Phone: (888) 483-0760

\*\*\*To ensure a timely response, please fill out form completely and legibly. **Chart note documentation is required.** Requests may be denied if chart note documentation is not included.\*\*\*

Date of request:

Request type: ☐ Initial request ☐ Re-authorization ☐ Urgent

❖ MEMBER INFORMATION

Last Name:	First Name:	Date of Birth
ID Number:		

❖ PROVIDER INFORMATION

Name & Specialty:	NPI #:
Phone Number:	Fax Number:

❖ MEDICATION REQUESTED

Name of Medication:	Strength/Quantity:	Dose/Directions:	Duration of therapy:
<b>OR</b>			
J Code:	J Units:	Dose/Directions:	Number of visits:

❖ ICD 10 AND DIAGNOSIS

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❖ **Previous Medication Trials** (Please include length of treatment, outcomes with dates. Claim history or chart note documentation showing trials of failed drugs is required. Use of drug samples cannot be accepted as justification.)

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**ATTESTATION:** I attest the information provided is true and accurate to the best of my knowledge.

**Prescriber Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_

\*\*\*\*\*HIPPA Confidentiality Notice\*\*\*\*\*

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