Nevada Medicaid

Submit fax request to: 855-455-3303

Please note: All information below is required to process this request.

Compounded Medication Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
Ingredients: 1. 2. 3. 4.		
Directions for Use:		

Clinical Information (required)

- ☐ Each active ingredient is FDA-approved or national compendia supported for the condition being treated
- ☐ The therapeutic amounts and combinations are supported by national compendia or peer-reviewed literature for the condition being treated in the requested route of delivery
- ☐ Any Ingredient that requires prior authorization and/or step therapy have met drug specific criteria as defined in Medicaid Services Manual Chapter 1200 available at the following web address: http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/
- ☐ The compounded medication is not for cosmetic purpose
- ☐ No included ingredient has been withdrawn or removed from the market due to safety reasons
- ☐ The recipient tried and failed therapy or intolerant to at least two FDA-approved, commercially available prescription therapeutic alternatives.

Products tried:

1. _____

2. _____

- ☐ Contraindication to all commercially available products or allergy/sensitivity to inactive ingredient
- ☐ No commercially available products
- ☐ No commercially available products in the requested dosage form

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

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Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.