Nevada Medicaid

Submit fax request to: 855-455-3303

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

Opioids Prescribed to Under Age 18 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:
❑ Check if request is for **continuation of therapy**	Directions for Use:	

Clinical Information (required)

Exceptions:

- ☐The recipient has cancer/malignancy related pain
- ☐The recipient is post-surgery with an anticipated prolonged recovery (greater than three months)
- ☐The recipient is residing in a long-term care facility
- ☐The recipient is receiving treatment for HIV/AIDS
- ☐The recipient is on hospice, palliative care or end-of-life care

If one of the above exceptions does not apply, all of the following criteria must be met:

☐The recipient has chronic pain or requires an extended opioid therapy and is under the supervision of a licensed prescriber

☐Pain cannot be controlled through the use of non-opioid therapy (acetaminophen, NSAIDs, antidepressants, anti-seizure medications, physical therapy, chiropractic treatment, etc.);

☐The lowest effective dose is being prescribed

☐A pain contract is on file

☐Prescription written by or in consultation with a pain specialist.

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.

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