



# Nevada Medicaid

Submit fax request to: 855-455-3303

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

## Short-Acting Bronchodilator Quantity Limit 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: |
| Directions for Use:   |           |              |
| <input type="checkbox"/> Check if request is for <b>continuation of therapy</b> |           |              |

| Clinical Information (required)  |
|--|
| <input type="checkbox"/> The recipient has a diagnosis of asthma.<br><input type="checkbox"/> The recipient has been assessed for causes of asthma and external triggers have been removed or reduced where possible.<br><input type="checkbox"/> The recipient is under 18 years of age and requires an additional inhaler unit for school or equivalent program. |

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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