



Nevada Medicaid

Submit fax request to: 855-455-3303

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

High Dollar Claim Prior Authorization Request Form

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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:
<input type="checkbox"/> Check if request is for continuation of therapy		Directions for Use:	

Clinical Information (required)

ICD-10 diagnosis code: _____

Must meet both section A. and B.

A. One of the following:

- The Medication is prescribed for a Food and Drug Administration (FDA) approved indication.
- The diagnosis is supported as a use of American Society of Health-System Pharmacists Drug Information (AHFS DI).
- The diagnosis is supported in the FDA uses/non-FDA uses section in DRUGDEX Evaluation and carries a Strength of Recommendation rating of IIB or better.
- The diagnosis is supported in any other section in DRUGDEX.
- The use is supported by clinical research in two articles from major peer-reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is clear and convincing contradictory evidence presented in a major peer-reviewed medical journal.

Or both of the following:

- The diagnosis is listed in the FDA uses/non-FDA uses section in DRUGDEX Evaluation and carries a Strength of Recommendation rating of III or Class Indeterminate.
- The efficacy is rated as "Effective" or "Evidence Favor Efficacy".

B. One of the following:

- The dosage/quantity/duration of the medication is reasonably safe and effective based on the information contained in the FDA approved labeling, peer-reviewed medical literature or accepted standards of medical practice
- The dosage/quantity/duration of the medication is reasonably safe and effective based on one of the following compendia:
 - American Hospital Formulary Service (AHFS) Compendium.
 - Thomson Reuters (Healthcare) Micromedex/DRUGDEX (not Drug Points) Compendium.
 - Elsevier Gold Standard Clinical Pharmacology Compendium.
 - National Comprehensive Cancer Network Drugs and Biologics Compendium.

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

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 1-855-455-3303.

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