Nevada Medicaid

Submit fax request to: 855-455-3303

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

Daliresp® 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 requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ Chronic Obstructive Pulmonary Disease (COPD)

❑ Other diagnosis: ____________________________________ ICD-10 Code(s): ____________________________________

Clinical information:

Does the member have a history of COPD exacerbations? ❑ **Yes** ❑ **No**

Does the member have a diagnosis of moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment? ❑ **Yes** ❑ **No**

Has the member experienced an inadequate response, adverse event, or contraindication to a long-acting anticholinergic agent?

❑ **Yes** ❑ **No** If **yes**, please document agent and response: ____

Has the member experienced an inadequate response, adverse event, or contraindication to a long-acting beta agonist?

❑ **Yes** ❑ **No** If **yes**, please document agent and response: ____

Has the member experienced an inadequate response, adverse event, or contraindication to an inhaled corticosteroid?

❑ **Yes** ❑ **No** If **yes**, please document agent and response: ____

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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