



Nevada Medicaid

Submit fax request to: 855-455-3303

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

Valtoco® (diazepam) 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:
<input type="checkbox"/> Check if requesting brand <input type="checkbox"/> Check if request is for initial trial (6 months) <input type="checkbox"/> Check if request is for recertification of therapy (12 months)	Directions for Use:	

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Diagnosis of epilepsy.	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

Drug-Specific Information (required)
<input type="checkbox"/> Prescribed for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity that are distinct from a patient's usual seizure pattern.
<input type="checkbox"/> Prescriber has considered diazepam rectal gel and documented a reason or special circumstances precluding use.
<input type="checkbox"/> The medication is being prescribed by or in consultation with a neurologist.
<input type="checkbox"/> The quantity will not exceed five episodes per month.
<input type="checkbox"/> For recertification, the recipient has had a positive clinical response to Valtoco® therapy.

Attach any additional comments, diagnoses, symptoms, medications tried or failed, or 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 1-800-527-0531.

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