



## Nevada Medicaid- Molina Healthcare Opioids Prescribed to Under Age 18 Prior Authorization Request Form

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Please FAX responses to: (844) 259-1689. Phone: (833) 685-2103.**

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Molina ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information <small>(required)</small>			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>		Directions for Use:	

Clinical Information <small>(required)</small>
<p><b>Exceptions:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The recipient has cancer/malignancy related pain</li> <li><input type="checkbox"/> The recipient is post-surgery with an anticipated prolonged recovery (greater than three months)</li> <li><input type="checkbox"/> The recipient is residing in a long-term care facility</li> <li><input type="checkbox"/> The recipient is receiving treatment for HIV/AIDS</li> <li><input type="checkbox"/> The recipient is on hospice, palliative care or end-of-life care</li> </ul> <p><b>If one of the above exceptions does not apply, all of the following criteria must be met:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The recipient has chronic pain or requires an extended opioid therapy and is under the supervision of a licensed prescriber</li> <li><input type="checkbox"/> Pain cannot be controlled through the use of non-opioid therapy (acetaminophen, NSAIDs, antidepressants, anti-seizure medications, physical therapy, chiropractic treatment, etc.);</li> <li><input type="checkbox"/> The lowest effective dose is being prescribed A pain contract is on file</li> <li><input type="checkbox"/> Prescription written by or in consultation with a pain specialist.</li> </ul>

**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 (833) 685-2103.  
This form may be used for non-urgent requests and faxed to (844) 259-1689.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of Molina Healthcare. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**