



Nevada Medicaid- Molina Healthcare

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

Clinical Information (required)
<input type="checkbox"/> The recipient has a documented diagnosis of pulmonary arterial hypertension
<input type="checkbox"/> The recipient has one of the following ICD-10 diagnosis codes submitted on the claim: <ul style="list-style-type: none"> • I27.20 Pulmonary Hypertension, Unspecified • I27.21 Secondary PAH • I27.22 Pulmonary Hypertension due to left lung diseases and hypoxia • I27.9 pulmonary heart disease, unspecified

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 (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.**