



Nevada Medicaid – Molina Healthcare

Short-Acting Bronchodilator Quantity Limit 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 diagnosis of asthma. |
| <input type="checkbox"/> The recipient has been assessed for causes of asthma and external triggers have been removed or reduced where possible. |
| <input type="checkbox"/> The recipient is under 18 years of age and requires an additional inhaler unit for school or equivalent program. |

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.

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