



Nevada Medicaid – Molina Healthcare

Nayzilam® 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:
<input type="checkbox"/> Check if request is for continuation of therapy		Directions for Use:	

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Acute intermittent seizures	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
Clinical information:	
Is the member 12 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the medication prescribed by or in consultation with a neurologist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the dose requested exceed two sprays per seizure cluster, a maximum of one episode treatment every three days, and a maximum treatment of five episodes every month? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the request is for continuation of therapy , has the member experienced a documented positive clinical response to Nayzilam® therapy? (Attach supporting documentation to request) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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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