Nevada Medicaid – Molina Healthcare

Daliresp® 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:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ Chronic Obstructive Pulmonary Disease (COPD)

❑ Other diagnosis:_____ ICD-10 Code(s): _____

Clinical information:

Does the member have a history of COPD exacerbations? ☐ **Yes** ☐ **No**

Does the member have a diagnosis of moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment? ☐ **Yes** ☐ **No**

Has the member experienced an inadequate response, adverse event, or contraindication to a long-acting anticholinergic agent?

☐ **Yes** ☐ **No** If **yes**, please document agent and response: _____

Has the member experienced an inadequate response, adverse event, or contraindication to a long-acting beta agonist?

☐ **Yes** ☐ **No** If **yes**, please document agent and response: _____

Has the member experienced an inadequate response, adverse event, or contraindication to an inhaled corticosteroid?

☐ **Yes** ☐ **No** If **yes**, please document agent and response: _____

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.