



Nevada Medicaid – Molina Healthcare

Valtoco® (diazepam) 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 requesting brand <input type="checkbox"/> Check if request is for initial trial (6 months) <input type="checkbox"/> Check if request is for recertification of therapy (12 months)		Directions for Use:

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Diagnosis of epilepsy.	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

Drug-Specific Information (required)
<input type="checkbox"/> Prescribed for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity that are distinct from a patient's usual seizure pattern.
<input type="checkbox"/> Prescriber has considered diazepam rectal gel and documented a reason or special circumstances precluding use.
<input type="checkbox"/> The medication is being prescribed by or in consultation with a neurologist.
<input type="checkbox"/> The quantity will not exceed five episodes per month.
<input type="checkbox"/> For recertification, the recipient has had a positive clinical response to Valtoco® therapy.

Attach any additional comments, diagnoses, symptoms, medications tried or failed, or 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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