

Division of Health Care Financing and Policy

1100 East William Street, Suite 101

Carson City, Nevada 89701

(775) 684-3600

Recipient Request Pharmacy Lock-In Change

Recipient Name (Please Print) _____ Medicaid ID: _____

Current Locked-In Pharmacy

Recipient's Choice

Pharmacy Assigned by Medicaid

Current Locked-in Pharmacy _____

Pharmacy Address _____

City _____ State _____

District Office Staff Only (Complete entire form before faxing)

Current Pharmacy Phone Number: _____ Current Pharmacy Fax Number _____

Date Faxed to Current Pharmacy _____ Requested Effective Date _____

(Maintain Fax confirmation receipt)

New Locked-in Pharmacy

New Locked-in Pharmacy _____

Pharmacy Address _____

City _____ State _____

Reason for Change: _____

Recipient Signature _____ Date _____

District Office Staff Only (Complete entire form before faxing)

Change Initiated by Recipient

Change Initiated by Pharmacy

New Pharmacy Phone Number: _____ New Pharmacy Fax Number _____

Date Faxed to New Pharmacy _____ Requested Effective Date _____

(Maintain FAX confirmation receipt)

Medicaid D.O. Staff Name _____ Phone No. _____

Date Faxed to SUR _____

(Maintain FAX confirmation receipt)

Please return form to the District Office Health Care Coordinators for submittal

Carson City District Office
1100 E. William Street, Suite 102
Carson City, NV 89701
Telephone: (775) 684-3651
Fax: (775) 684-3663

Las Vegas District Office
1210 S. Valley View, Suite 104
Las Vegas, NV 89102
Telephone: (702) 668-4200
Fax: (702) 668-4280

Elko District Office
1010 Ruby Vista Drive, Suite 103
Elko, NV 89801
Telephone: (775) 753-1191
Fax: (775) 753-1101

Reno District Office
745 W. Moana Lane, Suite 200
Reno, NV 89509
Telephone: (775) 687-1900
Fax: (775) 687-1901

Distribution of Copies to: OptumRx., Medicaid District Office, Program Services Pharmacy Specialist, Surveillance and Utilization Review, Medicaid Hearings Unit, Pharmacy, Physician(s)