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 for	m before faxing)
Current Pharmacy Phone Number:	Current Pharmacy Fax Number
	Requested Effective Date
New Locked-in Pharmacy	
Pharmacy Address	
City	State
Reason for Change:	
Recipient Signature	Date
District Office Staff Only (Complete entire for	m before faxing)
☐ Change Initiated by Recipient	☐ Change Initiated by Pharmacy
New Pharmacy Phone Number:	New Pharmacy Fax Number
Date Faxed to New Pharmacy(Maintain FAX confirmation receipt)	Requested Effective Date
Medicaid D.O. Staff Name	Phone No.
Date Faxed to SUR	
Please return form to the District Office Health Care Coordinators for submittal	
1100 E. William Street, Suite 102 1210 S. Va Carson City, NV 89701 Las Vegas	District Office

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