







Request for Prior Authorization DEXTROMETHORPHAN and QUINIDINE (NUEDEXTA)

(PLEASE PRINT - ACCURACY IS IMPORTANT)

FAX Completed Form To 1.833.404.2392

Pharmacy Help Desk 1.800.460.8988

Prescriber Help Desk 1.833.587.2012

Prescriber address Pharmacy name Address Pharmacy name Address Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned. Pharmacy NPI Pharmacy fax NDC Pharmacy NPI Pharmacy fax NDC Prior authorization is required for Nuedoxta*. Payment will be considered under the following conditions: 1) Patients must have a diagnosis of pseudobulbar affect (PRA) secondary to a neurologic condition. 2) A trial and therapy failure at a therapeutic dose with amitriptyline or an SSRI; and 3) Patient has documentation of a current EKG (within the past 3 months) without OT prolongation. 4) Initial authorizations will be approved for 12 weeks with a baseline Centro Fo Neurologic Studies Lability Scale (CNS-LS) questionnaire. 5) Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire. The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated. Non-Preferred Nuedexta Nuedexta Trial Drug Name & Strength: Trial Drug Name & Strength: Trial Drug Name & Strength: Trial start date: Trial end date: Initial CNS-LS Questionnaire Score: Date of Completion: Subsequent CNS-LS Questionnaire Score: Date of Completion: Subsequent CNS-LS Questionnaire Score: Date of Completion: Possible drug interactions/conflicting drug therapies: Attach lab results and other documentation as necessary.	IA Medical	d Member ID	# 	Patient name			DOR			
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IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.