Jefferson Health Plans

PRIOR AUTHORIZATION REQUEST FORM

Individual and Family Plans

Nuedexta

Fax back to: (833) 605-4407

Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	**Prescriber Name:**
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Line of Business: □ Exchange - PA	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	**Specialty/facility name (if applicable):**

☐ REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this a renewal request? If yes, go to Q11. If no, go to Q2.

☐ Yes ☐ No

Q2. Does the patient have a diagnosis of pseudobulbar affect (PBA)?

☐ Yes ☐ No

Q3. Is the patient 18 years of age or older?

☐ Yes ☐ No

Q4. Is the prescriber a neurologist or in consultation with a neurologist?

☐ Yes ☐ No

Q5. Does the patient have any contraindications to Nuedexta (dextromethorphan hydrobromide and quinidine sulfate)?

☐ Yes ☐ No

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Patient Name:	**Prescriber Name:**

Q6. Does the patient profile show any contraindicated drug interactions (Risk X) with Nuedexta (dextromethorphan hydrobromide and quinidine sulfate)?

☐ Yes ☐ No

Q7. Has any plan been made to address the contraindicated drug-drug interactions, such as discontinuation, dose reduction of interacting drugs, counseling patient of the risks associated with the potentially significant drug-drug interaction?

☐ Yes ☐ No

Q8. For patients at risk of QT prolongation and torsades de pointes, will the patient have a baseline EKG and an EKG evaluation 3-4 hours after the first dose? (Patients at high risk of QT prolongation and torsades de pointes include recipients concomitantly taking any CYP3A4 inhibitors or medication which may prolong the QT interval and recipients with left ventricular hypertrophy or left ventricular dysfunction.)

☐ Yes ☐ No

Q9. Does the patient have potassium and magnesium levels within normal range?

☐ Yes ☐ No

Q10. Does the patient have severe renal impairment (GFR less than 30)?

☐ Yes ☐ No

Q11. FOR RENEWAL:

Does the patient have any contraindications to Nuedexta (dextromethorphan hydrobromide and quinidine sulfate)?

☐ Yes ☐ No

Q12. Does the patient profile show any contraindicated drug interactions (Risk X) with Nuedexta (dextromethorphan hydrobromide and quinidine sulfate)?

☐ Yes ☐ No

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Patient Name:	**Prescriber Name:**

Q13. Has any plan been made to address the contraindicated drug-drug interactions, such as discontinuation, dose reduction of interacting drugs, counseling patient of the risks associated with the potentially significant drug-drug interaction?

☐ Yes ☐ No

Q14. Does the provider submit the following laboratory tests?

A. Repeat EKG if risk factors for arrhythmia change during the course of treatment with Nuedexta. (Risk factors include concomitant use of drugs associated with QT prolongation, electrolyte abnormalities (potassium and magnesium), bradycardia, and family history of QT abnormality.);
B. Potassium and magnesium levels ;
C. Complete blood count (CBC);
D. Liver Function Tests (LFT) ;
E. GFR

☐ Yes ☐ No

Q15. Does the patient have documented improvement in PBA symptoms?

☐ Yes ☐ No

Q16. Additional Information:

Prescriber Signature

Date

v2025