



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Nuedexta

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners 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.

Form with fields: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis, Strength, Refills, Specialty Pharmacy.

HPP's maximum approval time is 12 months but may be less depending on the drug.

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?

Yes checkbox

No checkbox

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

Yes checkbox

No checkbox

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

Yes checkbox

No checkbox

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

Yes checkbox

No checkbox

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

Yes checkbox

No checkbox

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

Yes checkbox

No checkbox

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?



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Nuedexta

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners 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:

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. 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

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:



**HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM**

Health Partners Plans

Nuedexta

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners 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:
---------------	------------------

Prescriber Signature

Date

Updated for 2023