Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

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:	
HPP Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Patient Primary Phone:	NPI:	*PA PROMISe ID:*
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: ☐ Medicaid ☐ CHIP	*Specialty Pharmacy (if applicable):*	
Drug Name:	**Strength:**	
Quantity:	**Refills:**	
Directions:		
Diagnosis Code:	**Diagnosis:**	
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. Does the patient have any contraindications to Nuedexta (dextromethorphan hydrobromide/quinidine sulfate)?

☐ Yes ☐ No

Q2. Does the patient profile show any contraindicated drug interactions (Risk X) with Nuedexta (dextromethorphan hydrobromide/quinidine sulfate)?

☐ Yes ☐ No

Q3. Has any plan been made to address the contraindicated drug-drug interactions, such as discontinuation, dose reduction of interacting drugs, or counseling the patient of the risks associated with the potentially significant drug-drug interactions?

☐ Yes ☐ No

Q4. Is this a request for a renewal of authorization?

☐ Yes ☐ No

Q5. Does the patient have the diagnosis of pseudobulbar affect (PBA)?

☐ Yes ☐ No

Q6. Is the patient 18 years of age or older?

☐ Yes ☐ No

Q7. Is the requested drug being prescribed by or in consultation with a neurologist?

☐ Yes ☐ No

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Patient Name:	Prescriber Name:

Q8. Is the patient at risk of QT prolongation and torsades de pointes?
[Note: Patients at high risk of QT prolongation and torsades de pointes include patients concomitantly taking any CYP3A4 inhibitors or medication which may prolong the QT interval and patients with left ventricular hypertrophy or left ventricular dysfunction.]

☐ Yes ☐ No

Q9. Will the patient have a baseline electrocardiogram (EKG) and an electrocardiogram (EKG) evaluation 3 to 4 hours after the first dose?

☐ Yes ☐ No

Q10. Has the provider submitted documentation of the following laboratory tests: A) potassium and magnesium levels, B) complete blood count (CBC), C) liver function tests (LFTs), D) glomerular filtration rate (GFR)?

☐ Yes ☐ No

Q11. Have the patient's risk factors for arrhythmia changed during the course of treatment with Nuedexta (dextromethorphan hydrobromide/quinidine sulfate)?
[Note: Risk factors include concomitant use of drugs associated with QT prolongation, electrolyte abnormalities (potassium and magnesium), bradycardia, and family history of QT abnormality.]

☐ Yes ☐ No

Q12. Has the provider submitted documentation of a repeat electrocardiogram (EKG)?

☐ Yes ☐ No

Q13. Does the patient have documented improvement in pseudobulbar affect (PBA) symptoms?

☐ Yes ☐ No

Q14. Additional Information:

Prescriber Signature

Date

Updated for 2020