



MEDICAID / CHIP
PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Nuedexta - Non-PDL

Phone: 866-841-7659

Fax back to: 866-240-3712

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.

Member Name:		Prescriber Name:	
Member ID Number:	Fax:	Phone:	
Date of Birth:	Office Contact:		
Member Phone Number:	NPI:	PA PROMISe ID:	
Address:	Address:		
City, State ZIP:	City, State ZIP:		
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):		
Drug Name:	Strength:		
Quantity:	Refills:		
Directions:			
Diagnosis Code:	Diagnosis:		
<i>Jefferson Health Plans' maximum approval time is 12 months but may be less depending on the criteria..</i>			

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? If Yes, go to 10. If No, go to 2.

Yes

No

Q2. Does 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

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



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<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Q9. Does the patient have potassium and magnesium levels within normal range?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Q10. Does the patient have severe renal impairment (GFR less than 30)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Q11. Does the patient have any contraindications to Nuedexta (dextromethorphan hydrobromide and quinidine sulfate)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Q12. Does the patient profile show any contraindicated drug interactions (Risk X) with Nuedexta (dextromethorphan hydrobromide and quinidine sulfate)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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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

v2026-06