PriorityHealth

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Nuedexta® (dextromethorphan/quinidine)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____ ☐ Neurologist

Product Information

☐ New request ☐ Continuation request

Drug product: ☐ Nuedexta capsule

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Diagnosis of pseudobulbar affect caused by a structural neurologic condition (e.g. amyotrophic lateral sclerosis [ALS], multiple sclerosis [MS], or stroke)
2. Patient has not had an exacerbation of the underlying neurologic condition in the two months before starting Nuedexta
3. Patient does not have a history of:
   - Alzheimer's or other dementia
   - Major psychiatric disturbance (e.g. bipolar disorder, major depression, schizophrenia)
   - Substance abuse or drug-seeking behavior
   - Recent falls, or be at risk for falls
4. Baseline ECG with no significant abnormalities and no history of QT prolongation syndrome
5. Patient has at least 10 episodes of inappropriate laughing or crying per day before therapy
6. Documented trial with one tricyclic antidepressant and one selective serotonin reuptake inhibitor (SSRI) for a total of 6 months
7. Nuedexta is prescribed by a neurologist
8. Patient is not taking any drugs that interact with Nuedexta

For continuation, patient must have met the following requirements:

A. Documentation of a 50% decrease in number of episodes of laughing or crying compared to baseline (before Nuedexta was started)

Additional information

Note: If approved, initial certification will be for 3 months (90 days). Additional documentation is required for continued authorization

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 11/2013

Last reviewed 11/2018

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

New request – Priority Health Precertification Documentation

A. What is the patient's diagnosis?

- ☐ Pseudobulbar affect
- ☐ *Other – the patient's condition is:* _____

B. What underlying structural neurologic condition does the patient have?

- ☐ ALS
- ☐ MS
- ☐ stroke
- ☐ other: _____

C. Has not had an exacerbation of the underlying neurologic condition in the two months before starting Nuedexta?

- ☐ No
- ☐ Yes – rationale for use: _____

D. Which of the following conditions does the patient have, if any?

- ☐ Alzheimer's or other dementia
- ☐ Bipolar disorder, major depression, schizophrenia, or other major psychiatric disturbance
- ☐ History of substance abuse, current substance abuse, or drug-seeking behaviors
- ☐ Recent falls or at risk for a fall

E. Does the patient's ECG show significant abnormalities or does the patient have a history of QT prolongation syndrome?

- ☐ No
- ☐ Yes – rationale for use: _____
- ☐ No ECG for this patient

F. How many episodes of uncontrollable laughing or crying each day does the patient experience (prior to Nuedexta)? _____

G. Which of the following antidepressants has the patient tried?

TCA's	Length of therapy	SSRI's	Length of therapy
☐ amitriptyline	_____	☐ citalopram	_____
☐ clomipramine	_____	☐ escitalopram	_____
☐ desipramine	_____	☐ fluoxetine	_____
☐ doxepin	_____	☐ paroxetine	_____
☐ nortriptyline	_____	☐ sertraline	_____
☐ protriptyline	_____		
☐ trimipramine	_____		

H. Is the patient taking any drugs that may interact with Nuedexta (see reference table on page 3)?

- ☐ No
- ☐ Yes – rationale for use: _____

Continuation – Priority Health Precertification Documentation

A. On average, how many episodes of inappropriate laughing or crying each day does the patient experience while taking Nuedexta? _____

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DRUG INTERACTIONS (*NOT AN EXHAUSTIVE LIST*)

C ***Monitor Therapy***	D ***Consider Therapy Modification***	X ***Avoid Combination***
Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The benefits of concomitant use of these two medications usually outweigh the risks. An appropriate monitoring plan should be implemented to identify potential negative effects. Dosage adjustments of one or both agents may be needed in a minority of patients.	Data demonstrate that the two medications may interact with each other in a clinically significant manner. A patient-specific assessment must be conducted to determine whether the benefits of concomitant therapy outweigh the risks. Specific actions must be taken in order to realize the benefits and/or minimize the toxicity resulting from concomitant use of the agents. These actions may include aggressive monitoring, empiric dosage changes, choosing alternative agents.	Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The risks associated with concomitant use of these agents usually outweigh the benefits. These agents are generally considered contraindicated.
[C] Acetylcholinesterase Inhibitors	[D] Atomoxetine	[X] Amiodarone
[C] Amphetamines	[D] Antiemetics (5HT3 antagonists)	[X] Azole antifungals (Systemic)
[C] Antacids	[D] Aripiprazole	[X] Artemether
[C] Anticholinergic agents	[D] Cardiac Glycosides	
[C] Antiemetics (5HT3 antagonists)	[D] Cimetidine	
[C] Aprepitant	[D] Codeine	[X] Conivaptan
[C] Barbiturates	[D] Colchicine	[X] Crizotinib
[C] Beta-Blockers	[D] CYP2D6 Inhibitors (Strong)	[X] Dronedarone
[C] Boceprevir	[D] CYP2D6 Substrates	[X] Lumefantrine
[C] Calcium Channel Blockers (Dihydropyridine)	[D] CYP3A4 Inhibitors (Strong)	[X] MAO Inhibitors
[C] Carbonic Anhydrase Inhibitors	[D] Dabigatran Etexilate	[X] Mefloquine
[C] Chloroquine	[D] Dextromethorphan	[X] Nilotinib
[C] Ciprofloxacin	[D] Dihydrocodeine	[X] Pimozide
[C] Conivaptan	[D] Everolimus	[X] Protease Inhibitors
[C] CYP2D6 Inhibitors (moderate)	[D] Gadobutrol	[X] QUEtiapine
	[D] Gilotrif	
[C] CYP3A4 Inducers (strong)	[D] Haloperidol	[X] QuiNINE
[C] CYP3A4 Inhibitors (moderate)	[D] Kaolin	[X] Silodosin
[C] Cyproterone	[D] Lurasidone	[X] Tetrabenazine
[C] Deferasirox	[D] Macrolide Antibiotics	[X] Thioridazine
[C] Diltiazem	[D] QTc-Prolonging Agents	[X] Topotecan
[C] Dysport	[D] QuiNIDine	[X] Toremifene
[C] Eribulin	[D] Rifamycin Derivatives	[X] Vandetanib
[C] Etravirine	[D] Selective Serotonin Reuptake Inhibitors	[X] Vemurafenib
	[D] Serotonin Modulators	
[C] Fesoterodine	[D] Sucralfate	[X] Ziprasidone
[C] Fingolimod	[D] QuiNIDine	
[C] Fluconazole	[D] Tricyclic Antidepressants	
[C] Fosphenytoin	[D] Zytiga	
[C] Hydrocodone		
[C] Neuromuscular-Blocking Agents		
[C] Peginterferon Alfa-2b		
[C] P-glycoprotein/ABCB1 Inducers		
[C] P-glycoprotein/ABCB1 Substrates		
[C] Phenytoin		
[C] Potassium-Sparing Diuretics		
[C] Primidone		
[C] Procainamide		
[C] Reserpine		
[C] Rivaroxaban		
[C] Telaprevir		
[C] Tocilizumab		
[C] Verapamil		
[C] Vitamin K Antagonists		

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