

## Iowa Department of Human Services Request for Prior Authorization DEXTROMETHORPHAN and QUINIDINE (NUEDEXTA)



(PLEASE PRINT – ACCURACY IS IMPORTANT)

FAX Completed Form To 1 (877) 733-3195 IOWA Provider Services 1 (844) 236-1464

IA Medicaid Member ID #	Patient name		DOB
Patient address			
Provider NPI	Prescriber name		Phone
Prescriber address			Fax
Pharmacy name	Address		Phone
Prescriber must complete all information above. It must be legible, correct, and com		e, correct, and complete or	form will be returned.
Pharmacy NPI	Pharmacy fax	NDC	
have a diagnosis of pseudobulbar affect (PBA) secondary to a neurologic condition. 2) A trial and therapy failure at a therapeutic dose with amitriptyline or an SSRI; and 3) Patient has documentation of a current EKG (within the past 3 months) without QT prolongation. 4) Initial authorizations will be approved for 12 weeks with a baseline Center for Neurologic Studies Lability Scale (CNS-LS) questionnaire. 5) Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire. The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.  Non-Preferred  Nuedexta™			
Strength  Diagnosis:	Dosage Instructions		Days Supply
Treatment failure with amitriptyline or an SSRI:			
Trial Drug Name & Strength: Trial start date: Trial end date:			
Reason for failure:			
Initial CNS-LS Questionnaire Score: Date of Completion:			
Subsequent CNS-LS Questionnaire Score: Date of Completion:			
Does recent EKG indicate QT prolongation: Yes No Date of Completion:			
Possible drug interactions/conflicting drug therapies:			
Attach lab results and other documentation as necessary.			
Prescriber signature (Must match prescriber listed above.) Date of submission			bmission
<b>IMPORTANT NOTE:</b> In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for			

Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.