

# SENTARA HEALTH PLANS

## PHARMACY PRIOR AUTHORIZATION /STEP-EDIT REQUEST\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

**Drug Requested:** Nuedexta® (dextromethorphan hydrobromide and quinidine sulfate)

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

Member Name: \_\_\_\_\_

Member Sentara #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

**DRUG INFORMATION:** Complete information below or authorization will be delayed if incomplete.

Drug Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

**Limited Dosing: 2 capsules per day**

**CLINICAL CRITERIA:** Check below **ALL** that apply. **ALL** criteria **must** be met for approval. **ALL** documentation including labs or chart notes (if required) **must** be submitted or request will be denied.

☐ Patient has a diagnosis of pseudobulbar affect (PBA) associated with (**check one**):

- ☐ Multiple Sclerosis
- ☐ Amyotrophic Lateral Sclerosis (ALS)
- ☐ Stroke
- ☐ Traumatic Brain Injury

**AND**

☐ Patient does not have a depression diagnosis or depression is currently managed

**AND**

☐ Patient is at least 18 years of age

**\*\*Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.\*\***

**\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\***

\*Approved by Pharmacy and Therapeutics Committee: 5/19/2011

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