NUEDEXTA PRIOR AUTHORIZATION REQUEST FORM



OptumRx
P.O. Box 25184
Santa Ana, CA, 92799
Phone: (800) 310-6826 Fax: (866) 577-6384

Optum Rx®

United Healthcare Community Plan

Today's Date
☐☐ / ☐☐ / ☐☐☐☐

Note: This form must be completed by the prescribing provider.

****All sections must be completed or the request will be returned****

Patient's Medicaid # ☐☐☐☐☐☐☐☐☐☐☐☐	Date of Birth ☐☐ / ☐☐ / ☐☐☐☐
Patient's Name	Prescriber's Name
Prescriber's IN License # ☐☐☐☐☐☐☐☐	Specialty
Prescriber's NPI # ☐☐☐☐☐☐☐☐☐☐	Prescriber's Signature
Return Fax # ☐☐☐ - ☐☐☐ - ☐☐☐☐	Return Phone # ☐☐☐ - ☐☐☐ - ☐☐☐☐
Check box if requesting retro-active PA ☐	Date(s) of service requested for retro-active eligibility (if applicable):

Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).

Requested Medication	Quantity	Dosage Regimen

***Note: Dose may not exceed 2 capsules per day**

PA Requirements:

Member diagnosis(es) for requested agent (please provide supporting documentation) :

_____

Nuedexta is being prescribed by or in consultation with a psychiatrist or neurologist ☐ Yes ☐ No

Does the member have any of the following:

- Heart failure, QT prolongation, AV block, or history of AV block ☐ Yes ☐ No
- Lupus or lupus-like syndrome ☐ Yes ☐ No
- Member currently taking other medications that can lead to QT prolongation ☐ Yes ☐ No
- Member taking MAOI therapy currently or within the past 14 days ☐ Yes ☐ No
- Thrombocytopenia or bone marrow suppression ☐ Yes ☐ No

Note: plan prefers brand name Nuedexta; requests for generic dextromethorphan/quinidine will require generic medically necessary PA review

CONFIDENTIAL INFORMATION
This facsimile transmission (and attachments) may contain protected health information from the Indiana Health Coverage Programs (IHCP), which is intended only for the use of the individual or entity named in this transmission sheet. Any unintended recipient is hereby notified that the information is privileged and confidential, and any use, disclosure, or reproduction of this information is prohibited.