

**FCHP (MEDICAID)**

Nuedexta (FCHP)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Fallon Community Health Plan MassHealth at **1-855-762-5204**.

Please contact Fallon Community Health Plan MassHealth at **1-866-643-5126** with questions regarding the fallon community health plan masshealth process.

When conditions are met, we will authorize the coverage of Nuedexta (FCHP) .

**Drug Name (select from list of drugs shown)**

Nuedexta (dextromethorphan/quinidine)

**Patient Information**

Patient Name: \_\_\_\_\_  
 Patient ID: \_\_\_\_\_  
 Patient Group No.: \_\_\_\_\_  
 Patient DOB: \_\_\_\_\_  
 Patient Phone: \_\_\_\_\_

**Prescribing Physician**

Physician Name: \_\_\_\_\_  
 Physician Phone: \_\_\_\_\_  
 Physician Fax: \_\_\_\_\_  
 Physician Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_**

**Please circle the appropriate answer for each question.**

- |  |   |   |
|--|---|---|
| 1. Is the patient currently taking Nuedexta?<br>[If the answer to this question is no, skip to question 4.]  | Y | N |
| 2. Does the patient have a decrease in score on the Center for Neurologic Studies-Lability Scale (CNS-LS)?<br>[If the answer to this question is no, no further questions required.]   | Y | N |
| 3. Does the patient have a decrease in number of episodes per day?<br>[No further questions required.]   | Y | N |
| 4. Does the patient have any of the following contraindications to Nuedexta: history of quinidine-, quinine-, or mefloquine-induced thrombocytopenia; a history of hepatitis, bone marrow depression, lupus-like syndrome, or hypersensitivity; a known hypersensitivity to dextromethorphan; prolonged QT interval or congenital long QT syndrome?<br>[If the answer to this question is yes, no further questions required.] | Y | N |
| 5. Does the patient have any of the following contraindications to Nuedexta: a history suggestive of torsades de pointes; heart failure; complete atrioventricular (AV) block without an implanted pacemaker or a high risk of complete AV block?  | Y | N |

[If the answer to this question is yes, no further questions required.]

6. Does the patient have any of the following contraindications to Nuedexta: concomitant use with quinidine, quinine, mefloquine, MAOIs (or use within 14 days of stopping an MAOI), and drugs that prolong the QT interval and are metabolized by CYP2D6 (eg, thioridazine, pimozide)? Y N

[If the answer to this question is yes, no further questions required.]

7. Has the patient been clinically diagnosed with pseudobulbar affect (PBA)? Y N

[Note: The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.]

[If the answer to this question is no, no further questions required.]

8. Has the patient been clinically diagnosed with amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS)? Y N

[Note: The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.]

[If the answer to this question is no, no further questions required.]

9. Is the prescriber a neurologist? Y N

[If the answer to this question is no, no further questions required.]

10. Does the patient have a baseline score of at least 13 on the Center for Neurologic Studies-Lability Scale (CNS-LS)? Y N

[If the answer to this question is no, no further questions required.]

11. Does the patient have at least 4-7 episodes per day? Y N

**Comments:** \_\_\_\_\_

I affirm that the information given on this form is true and accurate as of this date.

\_\_\_\_\_  
**Prescriber (Or Authorized) Signature and Date**