



Nuedexta
Prior Authorization Form

Fax Completed Form to:
855-207-0250
For questions regarding this
Prior authorization, call
866-773-0695

Prior Authorization Vendor for ND

ND Medicaid requires that members receiving a new prescription for Nuedexta must meet the following criteria:

Initial Criteria

- Member must be 18 years of age or older
Member must not have a prolonged QT interval, heart failure, or complete atrioventricular block
Member's baseline CNS-LS and weekly PBA episode count must be provided
Member must have a diagnosis of PBA due to one of the following conditions: ALS, MS, Alzheimer's disease, or stroke

For PBA due to Alzheimer's disease or stroke

- Neurologic condition must have been stable for at least 3 months
Member must have failed a 3-month trial of one medication from BOTH classes listed: SSRIs (sertraline, fluoxetine, citalopram, and paroxetine) and Tricyclic Antidepressants (nortriptyline or amitriptyline)
A PBA episode count and CNS-LS score must be provided for before and after each trial

Renewal Criteria

- Benefit of renewal must be assessed
Baseline and current PBA episode count must be included with request
Current PBA episode count must be a 75 percent decrease from baseline

For PBA due to Alzheimer's disease or stroke

- Baseline and current Center for Neurological Studies lability (CNS-LS) must be included with request
Current CNS-LS score must be a 30% decrease from baseline

Part I: TO BE COMPLETED BY PRESCRIBER

Form with fields: Recipient Name, Recipient Date of Birth, Recipient Medicaid ID Number, Prescriber Name, Specialist involved in therapy, Prescriber NPI, Telephone Number, Fax Number, Requested Drug and Dosage, Diagnosis for this request, List all failed medications, Start Date, End Date, and checkboxes for QT interval and neurologic condition stability.

Part II: TO BE COMPLETED BY PHARMACY

Form with fields: PHARMACY NAME, ND MEDICAID PROVIDER NUMBER, TELEPHONE NUMBER, FAX NUMBER, DRUG, NDC #