Member Name:	Member ID:	Member DOB:
Drug Name:	Strength:	_ Directions:
		Specialty:
Physician Fax #:	Pharmacy Name:	Pharmacy Phone:
Dextrome	Horizon NJ Hea Athorphan HBr-Quinidine Sulfate (Nuc	
Contraindication Infor	mation:	
Please indicate if the men	mber has any of the following contraind	ications to therapy:
□ Concomitant us	se with mefloquine (Lariam), quinidine,	or quinine
□ History of dext	romethorphan/quinidine, quinidine, quin	nine or mefloquine-induced thrombocytopenia,
hepatitis, bone m	arrow depression or lupus-like syndrom	e
□ Concomitant us	se of monoamine oxidase inhibitors (MA	AOIs) or within 14 days of MAOI use
□ Prolonged QT	interval, congenital long QT syndrome,	history suggestive of torsades de pointes, or heart
failure		
□ Complete atrio	ventricular (AV) block without implante	ed pacemaker, or at high risk of complete AV block
□ Concomitant us	se with drugs that both prolong QT inter	val and are metabolized by CYP2D6 [e.g.,
thioridazine (Mel	laril) or pimozide (Orap)]	
□ Hypersensitivit	y to dextromethorphan	
□ NONE		
Diagnosis Information:		
1. Is the member	er experiencing Pseudobulbar affect (PB	A*)? Yes or No
a. If no, p	please provide the member's diagnosis:	
2. What conditi	on is the Pseudobulbar affect (PBA*) as	ssociated with?
□ Amyotr	ophic lateral sclerosis (ALS)	
□ Multiple	e sclerosis (MS)	
□ Trauma	tic brain injury	
□ Stroke		
□ Alzhein	ner's disease	
□ Parkins	on's disease	
□ Other: _		
	luntary, sudden, and frequent episodes of laugh f proportion or incongruent to the underlying en	ing and/or crying due to a neurological condition. PBA notional state.
Physician office's signature*_ *Form must be completed an	Print Na	nmee from the physician's office

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