MEDICATION POLICY:
Nuedexta®

Generic Name: Dextromethorphan/Quinidine

Therapeutic Class or Brand Name: Nuedexta

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 6260990230

Preferred: N/A

Non-preferred: N/A

Date of Origin: 12/5/2016

Date Last Reviewed / Revised: 1/15/2020

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI are met)

I. Documented diagnosis of pseudobulbar affect (PBA).

II. Documented baseline score of at least 13 on the Center for Neurologic Studies-Lability Scale (CNS-LS).

III. Documented diagnosis of a neurologic disease or brain injury (i.e. traumatic brain injury, stroke, dementia, multiple sclerosis, amyotrophic lateral sclerosis (ALS), Parkinson's disease, etc.).

IV. History of treatment failure, intolerance, or contraindication with at least one tricyclic antidepressant (TCA) AND one selective serotonin reuptake inhibitor (SSRI).

V. Minimum age requirement: 18 years old.

VI. Prescriber must be a neurologist or psychiatrist.

EXCLUSION CRITERIA

- Concomitant use with quinidine, quinine, or mefloquine.
- Patients with a history of quinidine, quinine, or mefloquine-induced thrombocytopenia, hepatitis, or other hypersensitivity reactions.
- Patients with known hypersensitivity to dextromethorphan.
- Use with an MAOI or within 14 days of stopping an MAOI.
- Prolonged QT interval, congenital long QT syndrome, history suggestive of torsades de pointes, or heart failure.
- Complete atrioventricular (AV) block without implanted pacemaker, or patients at high risk of complete AV block.
- Concomitant use with drugs that both prolong QT interval and are metabolized by CYP2D6 (i.e. thioridazine or pimozide).

OTHER CRITERIA

- N/A

Quantity / Days Supply Restrictions

- 60 capsules per 30 days.

Approval Length

- **Authorization:** 6 months.
- **Re-Authorization:** 1 year. An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective as documented by a decline in score from baseline on the CNS-LS.

Appendix

N/A

References

1. Nuedexta® [Package Insert]. Aliso Viejo, CA: Avanir Pharmaceuticals. June 2019. Available at: https://www.nuedextahcp.com/sites/default/files/content/Prescribing_Information.pdf.
2. Pioro, E.P. et. al., Dextromethorphan plus ultra low-dose quinidine reduces pseudobulbar affect. Ann Neurol. 2010 Nov;68(5):693-702. doi: 10.1002/ana.22093. Available at: https://www.ncbi.nlm.nih.gov/pubmed/20839238.
3. https://www.nuedextahcp.com/sites/default/files/pdf/CNS_LS_Questionnaire.pdf.
4. Medi-Span®.

Historical Tracking of Changes Made to Policy

Date	Notes/Changes
1/15/2020	1. **Removed** outdated references**.**
12/14/2018	1. **Removed** "http://www.fchp.org/providers/pharmacy/~/media/Files/FCHP/Imported/Nuedexta_dextromethorphan_quinidine.pdf.ashx" **Added** "https://www.fchp.org/providers/pharmacy/pharmacy-prior-authorization.aspx" **under References.**
1/6/2018	1. **Removed** "https://d1tpfj3hind0fx.cloudfront.net/Media/Documents/UMC/0116Nuedexta.pdf" **from References** (link no longer valid).

to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.