MEDICATION POLICY:
Nuedexta®

Generic Name: Dextromethorphan/Quinidine

Therapeutic Class or Brand Name: Nuedexta

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 12/5/2016

Date Last Reviewed / Revised: 1/9/2024

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VIII 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) or Pathological Laughter and Crying Scale (PLACS).

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

IV. Documented treatment failure or contraindication to at least one tricyclic antidepressant (TCA) AND one selective serotonin reuptake inhibitor (SSRI).

V. Minimum age requirement: 18 years old.

VI. Treatment is prescribed by or in consultation with a neurologist or psychiatrist.

VII. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VIII. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

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 (ie, 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 or PLACS.

APPENDIX

- N/A

REFERENCES

1. Ahmed A, Simmons Z. Pseudobulbar affect: prevalence and management. *Ther Clin Risk Manag*. 2013;9:483-489. Doi:10.2147/TCRM.S53906
2. Nuedexta. Prescribing information. Avanir Pharmaceuticals Inc; 2022. Accessed January 9, 2024. https://www.otsuka-us.com/sites/g/files/qhldwo7866/files/media/static/NUEDEXTA-PI.pdfPioro EP, Brooks BR, Cummings J, et al. Dextromethorphan plus ultra low-dose quinidine reduces pseudobulbar affect. *Ann Neurol*. 2010;68(5):693-702. Doi:10.1002/ana.22093