

Policy Name:	Nuedexta (dextromethorphan hydrobromide/quinidine sulfate)	Policy#:	3048P
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Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Nuedexta (dextromethorphan hydrobromide/quinidine sulfate) the treatment of pseudobulbar affect.

Statement of the Policy

Health Alliance Medical Plans will approve the use of (dextromethorphan hydrobromide/quinidine sulfate) under the Pharmacy benefit if the following criteria are met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of pseudobulbar affect with underlying neurological disorder (i.e. amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), Alzheimer's, stroke, traumatic brain injury, etc.)
- 1.2 Age 18 years or older
- 1.3 Ordered by or in consultation with a specialist (neurologist, neuropsychologist, psychiatrist)
- 1.4 Documentation of baseline crying and/or laughing episodes

2. Exclusion Criteria

- 2.1 Use with quinidine, quinine, or mefloquine
- 2.2 Member does not have any contraindication to therapy

3. Quantity Limit

- 3.1 60 capsules per 30 days

4. Approval Period

- 4.1 Initial Approval: 12 months
- 4.2 Subsequent Approvals: 12 months with 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

CPT Codes

References

1. Hammond FM, Alexnader DN, Cutler AJ, et al. PRISM II: an open-label study to assess effectiveness of dextromethorphan/quinidine for pseudobulbar affect in patients with dementia, stroke or traumatic brain injury. *BMD Neurology*. 2016;16(89).
2. Miden SL, Feintein A, Kalk RS, et al. Evidence-based guideline: Assessment and management of psychiatric disorders in individuals with MS. *Neurology*. 2014;82(2):174-181.
3. Nuedexta (dextromethorphan/quinidine) [prescribing information]. Rockville, MD: Otsuka America Pharmaceutical Inc; December 2022.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.