Clinical Policy Title:	dextromethorphan-quinidine
Policy Number:	RxA.240
Drug(s) Applied:	Nuedexta®
Original Policy Date:	02/07/2020
Last Review Date:	10/19/2023
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Pseudobulbar Affect (must meet all):

1. Diagnosis of PBA associated with a chronic neurological condition (e.g., of chronic neurological conditions include amyotrophic lateral sclerosis, multiple sclerosis, stroke, dementia, traumatic brain injury, Alzheimer's disease);
2. Prescribed by or in consultation with a neurologist;
3. Age ≥ 18 years;
4. Baseline Center for Neurologic Study-Lability Scale (CNS-LS) score ≥ 13;
5. Dose does not exceed 40 mg dextromethorphan and 20 mg quinidine per day (2 capsules per day).

Approval Duration
Commercial: 3 months
Medicaid: 3 months

II. Continued Therapy Approval

A. Pseudobulbar Affect (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy as evidenced by a decrease in the CNS- LS score of ≥ 3 points from baseline;
3. If request is for a dose increase, new dose does not exceed 40 mg dextromethorphan and 20 mg quinidine per day (2 capsules per day).

Approval Duration
Commercial: 12 months
Medicaid: 12 months

References

1. Miller RG, Jackson CE, Kasarskis EJ, et al. Practice parameter update: the care of the patient with amyotrophic lateral sclerosis: multidisciplinary care, symptom management, and cognitive/behavioral impairment (an evidence-based review). American Academy of Neurology. 2009;73 (15):1227-1233. Available at: https://pubmed.ncbi.nlm.nih.gov/19822873/. Accessed December 26, 2022.

Review/Revision History	Review/Revised Date	P&T Approval Date

Policy established.	01/2020	02/07/2020
Policy was reviewed: 1. Policy title table was updated: Clinical Policy Title was updated to "dextromethorphan-quinidine". 2. Drug(s) Applied was updated to "Nuedexta®". 3. Clinical policy was updated: Approval duration was updated for both Initial and Continued Approval Criteria. 4. Continued Approval was rephrased to "Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy". 5. References were updated.	07/08/2020	09/14/2020
Policy was reviewed: 1. Policy title was updated. 2. Continued therapy approval criteria II.A.1 was updated to "Member is currently receiving medication…". 3. References were updated.	04/21/2021	06/10/2021
Policy was reviewed: 1. Initial Approval Criteria I.A.1: Updated from Diagnosis of PBA secondary to multiple sclerosis or amyotrophic lateral sclerosis to Diagnosis of PBA associated with a chronic neurological condition (e.g., of chronic neurological conditions include amyotrophic lateral sclerosis, multiple sclerosis, stroke, dementia, traumatic brain injury, Alzheimer's disease). 2. References were reviewed and updated.	01/20/2022	04/18/2022
Policy was reviewed: 1. References were reviewed and updated.	12/26/2022	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023