

<b>Clinical Policy Title:</b>	dextromethorphan-quinidine
<b>Policy Number:</b>	RxA.240
<b>Drug(s) Applied:</b>	Nuedexta®
<b>Original Policy Date:</b>	02/07/2020
<b>Last Review Date:</b>	12/11/2025
<b>Line of Business Policy Applies to:</b>	All lines of business (except Medicare)

## Criteria

### I. Initial Approval Criteria

#### A. Pseudobulbar Affect (must meet all):

1. Diagnosis of pseudobulbar affect 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. Baseline Center for Neurologic Study-Lability Scale (CNS-LS) score  $\geq$  13.

#### Approval Duration

**All Lines of Business (except Medicare):** 3 months

### II. Continued Therapy Approval

#### A. Pseudobulbar Affect (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

#### Approval Duration

**All Lines of Business (except Medicare):** 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 August 28, 2024.

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	07/08/2020	09/14/2020

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<p>was updated for both Initial and Continued Approval Criteria.</p> <p>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".</p> <p>5. References were updated.</p>		
<p>Policy was reviewed:</p> <p>1. Policy title was updated.</p> <p>2. Continued therapy approval criteria II.A.1 was updated to "Member is currently receiving medication...".</p> <p>3. References were updated.</p>	04/21/2021	06/10/2021
<p>Policy was reviewed:</p> <p>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).</p> <p>2. References were reviewed and updated.</p>	01/20/2022	04/18/2022
<p>Policy was reviewed:</p> <p>1. References were reviewed and updated.</p>	12/26/2022	04/13/2023
<p>Policy was reviewed.</p>	10/19/2023	10/19/2023
<p>Policy was reviewed:</p> <p>1. Removed age restrictions.</p> <p>2. Removed prescriber restrictions.</p> <p>3. Removed dose restrictions.</p> <p>4. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days.</p> <p>5. Removed reauthorization requirement for positive response to therapy.</p> <p>6. Updated approval duration verbiage.</p> <p>7. Reference was reviewed and updated.</p>	08/28/2024	9/13/2024
<p>Policy was reviewed.</p>	12/05/2024	N/A
<p>Policy reviewed</p>	12/11/2025	12/11/2025