Effective Date: 9/2017

Revised: 2/2019, 06/2020

Reviewed: 9/2017, 12/2018, 2/2019, 6/2020, 3/2021, 3/2022, 3/2023,

4/2024

Scope: Medicaid

# NUEDEXTA (dextromethorphan hydrobromide/quinidine sulfate)

### **POLICY**

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

# FDA-Approved Indication

Nuedexta is indicated for the treatment of pseudobulbar affect (PBA). PBA occurs secondary to a variety of otherwise unrelated neurologic conditions, and is characterized by involuntary, sudden, and frequent episodes of laughing and/or crying. PBA episodes typically occur out of proportion or incongruent to the underlying emotional state. PBA is a specific condition, distinct from other types of emotional lability that may occur in patients with neurological disease or injury.

All other indications are considered experimental/investigational and are not a covered benefit.

#### II. CRITERIA FOR APPROVAL

An authorization may be granted when the following criteria are met:

• The patient has a diagnosis of pseudobulbar affect (PBA)

# III. CONTINUATION OF THERAPY

• The patient has documentation of positive clinical response to therapy.

## IV. COVERAGE DURATION

• 12 months (initial and renewal)

### V. REFERENCES

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Neighborhood Health Plan

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- 6. Rosen H. Dextromethorphan/Quinidine sulfate (Zenvia) for Pseudobulbar Affect. *Drugs Today (Barc)* 2008;44(9):661–668.
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