PRIOR AUTHORIZATION CRITERIA

BRAND NAME*
(generic)

NUEDEXTA
(dextromethorphan hydrobromide/quinidine sulfate)

Status: CVS Caremark® Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

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.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of pseudobulbar affect (PBA)
  AND
  - The request is NOT for continuation of therapy

  OR
  - The request is for continuation of therapy
    AND
    - The patient has achieved or maintained a decrease in pseudobulbar affect (PBA) episodes since starting the requested drug

Duration of Approval (DOA):

- 870-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 36 months
- 599-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 12 months

REFERENCES

1. Nuedexta [package insert]. Aliso Viejo, CA: Avanir Pharmaceuticals, Inc.; June 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed February 28, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: *02/28/2024*).
4. Hammond FM, Alexander 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. *BMC Neurol.* 2016;16:89.