Drug Name: Nuedexta (dextromethorphan/quinidine)

Date: 9-2017
Revised: 7/2018

Drug Name:	**Nuedexta (dextromethorphan/quinidine)**
Prescriber Restrictions:	Prescriber is a neurologist or psychiatrist.
Required Medical Information:	• Patient has a diagnosis of pseudobulbar affect (PBA) secondary to a neurological disease or condition (e.g., multiple sclerosis, amyotrophic lateral sclerosis, stroke and traumatic brain injury); and • A diagnosis of depression has been ruled out or is currently managed; and • Patient has documented failure, or intolerance or contraindication, of at least two formulary agents (e.g. one SSRI and one TCA).
Renewal Criteria:	• Patient has demonstrated clinically significant reduction in symptom severity and frequency from baseline indicated by one of the following: o A reduction in at least 50% of the number of laughing and/or crying episodes per day; or o Freedom from episodes at least ~75% of days in the preceding 2 weeks; and • Patient does not have evidence of a prolonged QT interval and/or is not taking medication that may prolong the QT interval; and • The patient has no documentation of dementia related psychosis.
Note(s)	The need for continued treatment must be reassessed periodically because spontaneous improvement of pseudobulbar affect may occur.
Quantity Limit:	60 capsules per 30 days (twice-daily dosing)
Coverage duration:	**Initial:** 1 month **Continuation of therapy:** 3 months for first continuation approval; and 6 months approval thereafter