


Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	Submission Date: 02/01/2021
Policy Number: PA.CP.PMN.93	Effective Date: 01/2018 Revision Date: 01/2021
Policy Name: Dextromethorphan/Quinidine (Nuedexta)	
<p>Type of Submission – <u>Check all that apply:</u></p> <p> <input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Revised Policy* <input type="checkbox"/> Annual Review - No Revisions <input type="checkbox"/> Statewide PDL - <i>Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.</i> </p>	
<p>*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.</p> <p>Please provide any changes or clarifying information for the policy below:</p> <p>1Q 2021 annual review: no significant changes; references reviewed and updated.</p>	
<p>Name of Authorized Individual (Please type or print):</p> <p>Auren Weinberg, MD</p>	<p>Signature of Authorized Individual:</p> 

Clinical Policy: Dextromethorphan/Quinidine (Nuedexta)

Reference Number: PA.CP.PMN.93

Effective Date: 12.05.17

Last Review Date: 01/2021

[Revision Log](#)

Description

Dextromethorphan and quinidine (Nuedexta[®]) are a fixed-dose combination of dextromethorphan hydrobromide, an N-methyl-D-aspartate (NMDA) receptor antagonist and sigma-1 agonist, and quinidine sulfate, a CYP450 2D6 inhibitor.

FDA Approved Indication(s)

Nuedexta is indicated for the treatment of pseudobulbar affect (PBA).

Policy/Criteria

Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of health plans affiliated with PA Health & Wellness that Nuedexta is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Pseudobulbar Affect (must meet all):

1. Diagnosis of PBA;
2. Prescribed by or in consultation with a neurologist;
3. Age \geq 18 years;
4. Baseline Center for Neurologic Study-Lability Scale (CNS-LS) score \geq 13;
5. Dose does not exceed 40 mg dextromethorphan and 20 mg quinidine per day (2 capsules per day).

Approval duration: 12 weeks

B. Other diagnoses/indications

1. Refer to PA.CP.PMN.53.

II. Continued Therapy

A. Pseudobulbar Affect (must meet all):

1. Currently receiving medication via PA Health & Wellness benefit or member has met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy as evidenced by decrease in CNS-LS score by \geq 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: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via PA Health & Wellness benefit or member has met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to PA.CP.PMN.53.

III. Diagnoses/Indications for which coverage is NOT authorized:

- A.** Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ALS: amyotrophic lateral sclerosis

NMDA: N-methyl-D-aspartate

FDA: Food and Drug Administration

PBA: pseudobulbar affect

MS: multiple sclerosis

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): concomitant use with quinidine, quinine, or mefloquine; history of quinidine, quinine or mefloquine-induced thrombocytopenia, hepatitis, or other hypersensitivity reactions; known hypersensitivity to dextromethorphan; use with an MAOI or within 14 days of stopping an MAOI; prolonged QT interval, congenital long QT syndrome, history suggestive of torsades de pointes, or heart failure; complete atrioventricular (AV) block without implanted pacemaker, or patients at high risk of complete AV block; concomitant use with drugs that both prolong QT interval and are metabolized by CYP2D6 (e.g., thioridazine or pimozide).
- Boxed warning(s): none reported.

Appendix D: General Information

- Nuedexta was studied in 367 patients with PBA secondary to dementia, stroke, or traumatic brain injury. Although use of Nuedexta resulted in statistically significant improvement from baseline in CNS-LS scores, applicability of this data in clinical practice is limited as the study was open-label and not compared to placebo⁷.
- There is one randomized, double-blind, placebo-controlled phase 2 trial⁸ evaluating the use of Nuedexta in 220 patients with aggression or agitation secondary to Alzheimer's disease over 10 weeks. Nuedexta showed that the treatment difference in Neuropsychiatric Inventory (NPI) Agitation/Aggressive scores was -1.8 (95% CI, -2.8 to -0.7, p = 0.003) compared to placebo. Although this outcome was statistically significant, it did not meet the prespecified difference of 2.5 points. Also, unlike the total NPI score, use of the single NPI domain of agitation/aggression is not well validated as an endpoint. Additional long-term data is needed to confirm evidence of benefit and safety.

- The CNS-LS is a short (seven-item), self-administered questionnaire, designed to be completed by the patient, that provides a quantitative measure of the perceived frequency of PBA episodes. Each question is scored from 1 (applies never) to 5 (applies most of the time). A CNS-LS score of 13 or higher may suggest PBA. A complete list of included questions is available at:
https://www.nuedextahcp.com/sites/default/files/pdf/CNS_LS_Questionnaire.pdf

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Pseudobulbar affect	1 capsule PO QD for the initial 7 days, then 1 capsule PO BID for maintenance	Dextromethorphan 40 mg/quinidine 20 mg/day

VI. Product Availability

Capsules: dextromethorphan hydrobromide 20 mg and quinidine sulfate 10 mg

VII. References

1. Nuedexta Prescribing Information. Aliso Viejo, CA: Avanir Pharmaceuticals, Inc.: June 2019. Available at: www.nuedexta.com. Accessed November 12, 2020.
2. 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;73:1227-1233.
3. Minden SL, Feinstein A, Kalb RC, et al. Evidence-based guideline: assessment and management of psychiatric disorders in individuals with MS. *American Academy of Neurology*. 2014;82:174-181.
4. Piro EP, Brooks BR, Cummings J, et al. Dextromethorphan plus ultra low-dose quinidine reduces pseudobulbar affect. *Ann Neurol*. November 2010; 68(5):693-702.
5. Brooks BR, Thisted RA, Appel SH, et al. Treatment of pseudobulbar affect in ALS with dextromethorphan/quinidine: a randomized trial. *Neurology*. October 26, 2004; 63(8):1364-1370.
6. Panitch HS, Thisted RA, Smith RA, et al. Randomized, controlled trial of dextromethorphan/quinidine for pseudobulbar affect in multiple sclerosis. *Ann Neurol*. May 2006; 59:780-787.
7. 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 Neurology*. 2016; 16:89. doi: 10.1186/s12883-016-0609-0.
8. Cummings JL, Lyketsos CG, Peskind ER, et al. Effect of dextromethorphan-quinidine on agitation in patients with Alzheimer disease dementia: a randomized clinical trial. *JAMA*. 2015;314(12):1242-1254.
9. Hammong FM, Sauve W, Ledon F, et al. Safety, Tolerability, and Effectiveness of Dextromethorphan/Quinidine for Pseudobulbar Affect Among Study Participants With Traumatic Brain Injury: Results From the PRISM-II Open Label Study. *PM&R* 2018 Oct;10(10):993-1003.

CLINICAL POLICY
Dextromethorphan/Quinidine



Reviews, Revisions, and Approvals	Date	P&T Approval Date
1Q 2019 annual review: references reviewed and updated.	01/19	
1Q 2020 annual review: addition of Age \geq 18 years for treatment; references reviewed and updated.	01/2020	
1Q 2021 annual review: no significant changes; references reviewed and updated.	01/2021	