Clinical Policy Title:	dextromethorphan-quinidine
Policy Number:	RxA.240
Drug(s) Applied:	Nuedexta®
Original Policy Date:	02/07/2020
Last Review Date:	08/28/2024
Line of Business Policy Applies to:	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 was updated for both Initial and Continued	07/08/2020	09/14/2020

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