Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

NUEDEXTA™ (dextromethorphan/quinidine)

GPI CODING:

62609902300120

DESCRIPTION:

Dextromethorphan/quinidine is indicated for the treatment of pseudobulbar affect (PBA). PBA occurs secondary to a variety of otherwise unrelated neurological conditions, and is characterized by involuntary, sudden, and frequent episodes of laughing and/or crying. Studies to support the effectiveness of Nuedexta were performed in patients with amyotrophic lateral sclerosis and multiple sclerosis. Nuedexta has not been shown to be safe and effective in other types of emotional lability that can commonly occur. The mechanism by which the dextromethorphan works on pseudobulbar affect is unknown; quinidine acts to increase the plasma levels of dextromethorphan by competitively inhibiting the cytochrome P450 2D6.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR NUEDEXTA

I. Patient has a documented diagnosis of Pseudobulbar Affect AND
II. Patient will not be concurrently taking other drugs containing quinidine, quinine, mefloquine, monoamine oxidase inhibitors (MAOIs), or drugs that both prolong QT interval and are metabolized by CYP2D6 (e.g., thioridazine and pimozide) AND
III. Patient does not have a prolonged QT interval, congenital long QT syndrome or a history suggestive of torsades de pointes, or heart failure AND
IV. Patient does not have complete atrioventricular (AV) block without implanted pacemaker, or is the patient at high risk of complete AV block