BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES	**ORIGINAL EFFECTIVE DATE: 9/8/2011**
SECTION: DRUGS	**LAST REVIEW DATE: 5/19/2022**
	LAST CRITERIA REVISION DATE: 5/19/2022
	ARCHIVE DATE:

NUEDEXTA™ (dextromethorphan and quinidine)

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**

NUEDEXTA™ (dextromethorphan and quinidine)

Criteria:

- **Criteria for initial therapy:** Nuedexta (dextromethorphan and quinidine) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Individual is 18 years of age or older
2. A confirmed diagnosis of pseudobulbar affect (PBA)
3. Individual has symptoms characterized by involuntary, sudden, and frequent episodes of laughing and/or crying that are out of proportion or incongruent to the underlying emotional state
4. Individual has a Center for Neurologic Studies Lability Scale (CNS-LS) of 13 or more
5. **ALL** of the following **baseline tests** have been completed before initiation of treatment with continued monitoring as clinically appropriate:
    a. Serum potassium and magnesium, if abnormal must be corrected prior to use
    b. Electrocardiogram in individuals at risk for QT prolongation and torsade de pointes such as individuals with bradycardia, family history of QT abnormality, left ventricular hypertrophy or left ventricular dysfunction
6. Documented failure, contraindication per FDA label, intolerance to **THREE** of the following:
    a. Amitriptyline or nortriptyline
    b. Citalopram or escitalopram
    c. Fluoxetine
    d. Fluvoxamine
    e. Sertraline
6. There are **NO** FDA-label contraindications, such as:
    a. Concurrent use with Quinidine, Quinine, or Mefloquine
    b. History of Quinidine, Quinine, or Mefloquine induced thrombocytopenia, hepatitis, bone marrow depression or lupus-like syndrome or other hypersensitivity reaction
    c. Known hypersensitivity to Dextromethorphan such as rash or hives
    d. Use with a mono-amine oxidase inhibitor (MAOI) or within 14 days of starting and stopping a MAOI
    e. Prolonged QT interval, congenital long QT syndrome, history of torsades de pointes, or heart failure
    f. Complete atrioventricular (AV) node block without an implanted pacemaker, or individual at high risk of complete AV block
    g. Use with drugs that both prolong QT interval and are metabolized by cytochrome P450 2D6 (such as thioridazine or pimozide)
7. Will not be used with another Dextromethorphan containing product for other medical condition
8. Individual does not have severe renal impairment

9. Individual does not have severe hepatic impairment

Initial approval duration: 6 months

- **Criteria for continuation of coverage (renewal request):** Nuedexta (dextromethorphan and quinidine) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Individual's condition responded while on therapy
    a. Response is defined as **ONE** of the following:
        i. Achieved and maintains at least a 30% reduction in Center for Neurologic Studies Lability Scale (CNS-LS) over baseline
        ii. Achieved and maintains at least a 30% reduction in the frequency of laughing and crying episodes that are out of proportion or incongruent to the underlying emotional state
2. Individual has been adherent with the medication
3. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use
    a. Contraindications as listed in the criteria for initial therapy section
    b. Significant adverse effect such as:
        i. Immune mediated drug induced thrombocytopenia
        ii. Hepatitis
        iii. Serotonin syndrome
        iv. Torsades de point-type ventricular arrhythmia
4. There are no significant interacting drugs
5. Will not be used with another Dextromethorphan containing product for other medical condition
6. Individual does not have severe renal impairment
7. Individual does not have severe hepatic impairment

Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of Non-Cancer Medications**
2. **Off-Label Use of Cancer Medications**

NUEDEXTA™ (dextromethorphan and quinidine)

Description:

Nuedexta (dextromethorphan and quinidine) is the first and only FDA-approved treatment for pseudobulbar affect (PBA). PBA is characterized by involuntary, sudden, and frequent episodes of laughing and/or crying that are out of proportion or incongruent to the underlying emotional state. PBA occurs as a secondary presentation to a variety of unrelated neurological conditions. It is a specific condition, distinct from other types of emotional lability that may occur in patients with neurological disease or injury.

Nuedexta capsules contain 20mg of dextromethorphan hydrobromide and 10mg of quinidine sulfate. Dextromethorphan, found in many cough medicines, is a sigma-1 receptor agonist and an uncompetitive NMDA receptor antagonist. Its mechanism of action as an antitussive agent occurs through depression of the medullary cough center, interruption of cough impulse transmission, and a reduction of the sensitivity of cough reflex. The mechanism by which dextromethorphan exerts therapeutic effects in PBA is unknown. Quinidine is a class 1A anti-arrhythmic used in individuals with atrial fibrillation. In Nuedexta (dextromethorphan and quinidine), its purpose is to inhibit metabolism of dextromethorphan via CYP2D6, leading to higher levels plasma levels of dextromethorphan.

Nuedexta (dextromethorphan and quinidine) is contraindicated in individuals with a history of Nuedexta (dextromethorphan and quinidine), quinine, mefloquine or quinidine-induced thrombocytopenia, hepatitis, bone marrow depression or lupus-like syndrome. Nuedexta (dextromethorphan and quinidine) is also contraindicated in individuals with a known hypersensitivity to dextromethorphan (e.g. rash, hives). The safety and effectiveness of Nuedexta (dextromethorphan and quinidine) in pediatric individuals below the age of 18 have not been established.

Definitions:

Center for Neurologic Studies Lability Scale (CNS-LS):

- A seven-item self-report questionnaire with 3 items assessing crying and 4 assessing laughter
- A score of 13 or more may suggest PBA
- The CNS-LS has been validated in ALS and MS patients

Center for Neurologic Studies Lability Scale (CNS-LS)					
Using the scale below, write the number that describes the degree to which each item applies to you during the past week. Write only one number for each item					
Never applies	Rarely applies	Occasionally applies	Frequently applies	Applies most of the time	
1	2	2	4	4	
					Degree
There are times when I feel fine one minute, and then I'll become tearful the next over something small or for no reason at all					
Others have told me that I seem to become amused very easily or that I seem to become amused about things that are not funny					
I find myself crying very easily					

NUEDEXTA™ (dextromethorphan and quinidine)

I find that even when I try to control my laughter, I am often unable to do so	
There are times when I won't be thinking of anything happy or funny at all, but then I'll suddenly be overcome by funny or happy thoughts	
I find that even when I try to control my crying, I am often unable to do so	
I find that I am easily overcome by laughter	
Total	

Resources:

Nuedexta (dextromethorphan and quinidine) product information, revised by Avanir Pharmaceuticals, Inc. 06-2019. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed May 08, 2022.

Galvez-Jimenez N. Symptom-based management of amyotrophic lateral sclerosis. In: UpToDate, Shefner JM, Morrison S, Goddeau RP (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Topic last updated January 18, 2022. Accessed May 08, 2022.

Press D. Management of neuropsychiatric symptoms of dementia. In: UpToDate, Yaffe K, Schmader KE, Mendez, MF, Wilterdink JL (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Topic last updated April 07,2022. Accessed May 08, 2022.