



Federal Employee Program. **NUEDEXTA**

(dextromethorphan hydrobromide / quinidine sulfate)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Pseudobulbar affect (PBA)

AND ONE of the following:

1. Alzheimer's disease or other dementias
2. Stroke
3. Traumatic brain injury (TBI)
4. Multiple Sclerosis (MS)
5. Parkinson's disease
6. Lou Gehrig's disease (ALS)

AND ALL of the following:

1. Inadequate treatment response, intolerance, or contraindication to treatment with:
 - a. Selective serotonin reuptake inhibitor (SSRI)
 - b. Tricyclic antidepressant (TCA)
2. Prescriber agrees to evaluate for a spontaneous improvement of PBA prior to request for renewal
3. Baseline ECG with no significant abnormalities and **NO** history of QT prolongation syndrome
4. **NO** history of complete AV (atrioventricular) block without an implanted pacemaker, or be at high risk of complete AV block
5. **NO** history of torsades de pointes, or heart failure
6. Patients must have a baseline score of at least 13 on the Center for Neurologic Studies-Lability Scale (CNS-LS)
(e.g., <https://www.nuedextahcp.com/sites/default/files/pdf/CNS-LS-Questionnaire.pdf>)

Prior - Approval Limits

Quantity 180 capsules per 90 days

Duration 3 months



Federal Employee Program. **NUEDEXTA**

(dextromethorphan hydrobromide / quinidine sulfate)

Prior-Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Pseudobulbar affect (PBA)

AND ALL of the following:

1. Consultation with a neurologist to ascertain positive clinical response to therapy
2. Patient has been assessed for spontaneous improvement and symptoms have returned
3. Prescriber agrees to evaluate for a spontaneous improvement of PBA prior to request for renewal
4. Prescriber agrees to reevaluate ECG if risk factors for arrhythmia change during the course of treatment
5. Patient's CNS-LS score has stabilized or decreased from baseline
(e.g., <https://www.nuedextahcp.com/sites/default/files/pdf/CNS-LS-Questionnaire.pdf>)

Prior - Approval *Renewal* Limits

Quantity 180 capsules per 90 days

Duration 6 months