Nuedexta® is a combination of dextromethorphan hydrobromide and quinidine sulfate indicated for the treatment of pseudobulbar affect (PBA). PBA is characterized by involuntary, sudden, and frequent episodes of laughing or crying secondary to unrelated neurologic conditions.

**APPROVAL CRITERIA**

1. Patient is 18 years of age or older AND;
2. Patient has a confirmed diagnosis of pseudobulbar affect associated with multiple sclerosis, amyotrophic lateral sclerosis, stroke, Parkinson’s disease, Alzheimer’s disease or traumatic brain injury AND;
3. Being prescribed by or in consultation with a neurologist or psychiatrist AND;
4. Patient has tried and failed at a therapeutic dose of one SSRI (I.E. fluoxetine) and one TCA (I.E. amitriptyline) or has a contraindication to use.
5. Patient must have a baseline score of at least 13 on the Center for Neurologic Studies-lability scale.

**DENIAL CRITERIA**

1. Patient is less than 18 years of age OR;
2. Patient does not have a confirmed diagnosis of pseudobulbar affect associated with multiple sclerosis, amyotrophic lateral sclerosis, stroke, or traumatic brain injury OR;
3. Medication is not being prescribed by or in consultation with a neurologist or psychiatrist OR;
4. Patient has not tried and failed at a therapeutic dose of one SSRI (I.E. fluoxetine) and one TCA (I.E. amitriptyline) or has a contraindication to use OR;
5. Patient is taking quinidine, quinine, mefloquine, or other medications that prolong the QT interval and metabolized by CYP2D6 OR;
6. Concomitant use of MAOI with in the last 14 days OR;
7. Patient has prolonged QT interval, heart failure, or complete atrioventricular block without an implanted pacemaker.

**CAUTIONS**

- Patients should be advised that certain prescription and OTC medications have significant interactions when taken concomitantly.
- Thrombocytopenia, hepatitis, and other hypersensitivity reactions have occurred.

**DURATION OF APPROVAL**

Neudexta® Criteria
Version: 1
Original: 12/10/2018
Approval: 1/18/2019
Effective: 3/11/19
ALASKA MEDICAID
Prior Authorization Criteria

- Initial Approval: up to 3 months
- Re-approval: up to 1 year with documentation of decreased laughing or crying episodes from the baseline.

QUANTITY LIMITS

- 60 capsules per month
- Starting dose is 1 capsule daily for 7 days, then 1 capsule every 12 hours thereafter.

REFERENCES / FOOTNOTES: