Nuedexta® (dextromethorphan hydrobromide/quinidine sulfate capsules) Effective 01/01/2023

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Pseudobulbar affect (PBA) is a condition that's characterized by episodes of sudden uncontrollable and inappropriate laughing or crying. PBA typically occurs in people with certain neurological conditions or injuries, which might affect the way the brain controls emotion.

Nuedexta® (dextromethorphan hydrobromide/quinidine sulfate) is a combination product containing dextromethorphan hydrobromide (an uncompetitive NMDA receptor antagonist and sigma-1 agonist) and quinidine sulfate (a CYP450 2D6 inhibitor) indicated for the treatment of Pseudobulbar affect (PBA).

No PA	Drugs that require PA
Many selective serotonin reuptake inhibitors (SSRI) and tricyclic antidepressants (TCA)	Nuedexta® (dextromethorphan/quinidine)

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with Nuedexta, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

<u>Pseudobulbar Affect</u>

Prescriber provides documentation of ALL of the following:

1. Appropriate diagnosis

2. Quantity limit of 2 units/day

Continuation of Therapy

Reauthorizations requires physician documentation of a positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.
2. The following quantity limits apply

Nuedexta 20-10mg	60 capsules per 30 days

References

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http://clinicaltrials.gov/ct2/show/NCT01324232?term=dextromethorphan+and+quinidine&rank=2 NLM Identifier: NCT01324232.
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Review History

09/21/22 – Created for Sept P&T; matched MH UPPL. Effective 01/01/2023

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