

Dextromethorphan/Quinidine (NUEDEXTA)

Goal(s):

- To ensure appropriate drug use and restrict to indications supported by medical literature.
- Allow case-by-case review for members covered under the EPSDT program.

Length of Authorization:

- Up to 12 months

Requires PA:

- NUEDEXTA (Combination of dextromethorphan 20 mg and quinidine 10 mg capsule)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this for a patient with pseudobulbar affect (involuntary outbursts of laughing or crying that are inappropriate to the patient's emotional state) associated with a chronic neurological condition (e.g., amyotrophic lateral sclerosis, multiple sclerosis, stroke, dementia, Parkinson's disease, traumatic brain injury)?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness
3. Is the patient eligible for EPSDT review?	Yes: Go to #4	No: Pass to RPh. Deny; not funded by the OHP
4. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc.)?	Yes: Go to #5	No: Pass to RPh. Deny; medical necessity.
5. Is the medication prescribed by or in consultation with a neurologist?	Yes: Go to #6	No: Pass to RPh. Deny; medical appropriateness

Approval Criteria

6. Is there documentation of the number of baseline laughing or crying episodes?

Yes: Approve for 6 months.

Document results here:
Number of crying or laughing
episodes per day _____
Date: _____

No: Pass to RPh.
Deny; medical
appropriateness

Renewal Criteria

1. Is there documentation of improvement in frequency of laughing or crying episodes from baseline as assessed by the prescribing provider?

Yes: Approve for 60 months.

No: Pass to RPh.
Deny; medical
appropriateness