



Independence Blue Cross

Policy Title	Dextromethorphan hydrobromide and Quinidine sulfate (Nuedexta)
Policy Number	FS.CLIN.110

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification and age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy	<p>Dextromethorphan hydrobromide and Quinidine sulfate (Nuedexta) is indicated for the treatment of pseudobulbar affect (PBA).</p> <p>The use of Dextromethorphan hydrobromide and Quinidine sulfate (Nuedexta) requires prior authorization (i.e. clinical pharmacy and/or medical director review).</p>					
Policy description	<p>Dextromethorphan hydrobromide and Quinidine sulfate (Nuedexta) is a combination of existing products, dextromethorphan and quinidine. Dextromethorphan (DM) is a sigma-1 receptor agonist and an uncompetitive NMDA receptor antagonist. Quinidine increases plasma levels of dextromethorphan by competitively inhibiting cytochrome P450 2D6, which catalyzes a major biotransformation pathway for dextromethorphan. The mechanism by which dextromethorphan exerts therapeutic effects in patients with pseudobulbar affect is unknown.</p>					
Policy guideline inclusion	<p>Dextromethorphan hydrobromide and Quinidine sulfate (Nuedexta) is approved when the following inclusion criteria is met:</p> <ul style="list-style-type: none"> Documentation of a diagnosis of pseudobulbar affect 					
Policy guideline exclusion	<p>Dextromethorphan hydrobromide and Quinidine sulfate (Nuedexta) is denied when the following exclusion criteria is present:</p> <ul style="list-style-type: none"> No documentation of a diagnosis of pseudobulbar affect 					
Policy List of Applicable Drugs	<table border="1"> <thead> <tr> <th>Brand Name</th> <th>Generic Name</th> </tr> </thead> <tbody> <tr> <td>Nuedexta</td> <td>Dextromethorphan hydrobromide and quinidine sulfate</td> </tr> </tbody> </table>	Brand Name	Generic Name	Nuedexta	Dextromethorphan hydrobromide and quinidine sulfate	
Brand Name	Generic Name					
Nuedexta	Dextromethorphan hydrobromide and quinidine sulfate					
Dosing and administration	<p>Refer to the specific manufacturer's prescribing information for administration and dosage details, contraindications, and Black Box warnings.</p>					
Policy references	<p>Facts and Comparisons website [Nuedexta]. Available at www.factsandcomparisons.com. Accessed February 1, 2011.</p> <p>Nuedexta [package insert]. Aliso Viejo, CA. Avanir Pharmaceuticals. 2010.</p>					

Policy link to related policies	
Version effective date	07/01/2011

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