

POLICY NAME	Nuedexta (dextromethorphan hydrobromide/	POLICY #	
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Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Use with quinidine, quinine, or mefloquine
- ☐ 2.2 Member does not have any contraindication to therapy

Coverage Criteria

- ☐ 1.1 Diagnosis of pseudobulbar affect with underlying neurological disorder (i.e. amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), Alzheimer's, stroke, traumatic brain injury, etc.)
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Ordered by or in consultation with a specialist (neurologist, neuropsychologist, psychiatrist)
- ☐ 1.4 Documentation of baseline crying and/or laughing episodes