Comprehensive Letter of Medical Necessity [Template]

for NUEDEXTA® (dextromethorphan hydrobromide and quinidine sulfate)

[Physician/Practice Letterhead]

[THIS IS A TEMPLATE LETTER FOR YOUR REFERENCE ONLY. YOU ARE RESPONSIBLE TO ENSURE EACH STATEMENT TRUTHFULLY REFLECTS YOUR MEDICAL OPINION AND YOUR PATIENT'S CONDITION. OTSUKA MAKES NO REPRESENTATION AS TO THE TRUTHFULNESS OF THE INFORMATION OR STATEMENTS IN THIS LETTER, OR WHETHER TREATMENT WILL BE APPROVED.]

[Date]

[Payer Name]

[Payer Representative]
[Payer Address]
[City, State ZIP Code]
[Payer Fax Number]

RE: Coverage of NUEDEXTA® (dextromethorphan hydrobromide and quinidine sulfate)
[Patient Name]
[Policy Number]
[Group Number]
[Patient DOB]
[Patient Age]
[Patient Sex]

Attention: [Prior Authorizations Department]

Dear [Representative Title if Known, Medical/Pharmacy Director]

I am writing to document the medical necessity of NUEDEXTA (dextromethorphan hydrobromide and quinidine sulfate), which I have prescribed for my patient [Patient Name], [Policy Number].

I request that you approve the coverage of NUEDEXTA for the treatment of pseudobulbar affect (PBA) with an ICD-10-CM diagnosis code F48.2. I am [a/an] [insert physician specialty] and I have been trained to diagnose PBA.

The patient has been diagnosed with [an underlying neurologic condition e.g. dementia such as Alzheimer's disease (AD), traumatic brain injury (TBI), stroke or other neurologic condition] in the recent past, with an ICD-10-CM diagnosis code [Z/I/F/G/ XX.XX]. (*Note: appropriate diagnosis codes for underlying neurologic condition may be searched from publicly available resources, such as www.icd10data.com, www.findacode.com or on your EHR platform*). Symptoms of PBA present in this patient may be secondary to this underlying neurologic condition.

Listed below is a summary of the relevant clinical history. [Include information outlining the severity of the patient's symptoms].

The full Prescribing Information for NUEDEXTA can be found at
https://www.otsuka-us.com/sites/g/files/qhldwo7626/files/media/static/NUEDEXTA-PI.pdf

[Patient Name]'s medical history and course of treatment are as follows: [Include appropriate information for your patient; the following are examples for your reference]

[Confirmation of patient's age]
[Baseline score results of the Center for Neurologic Studies-Lability Scale]
[Confirmation the patient is not taking any drugs that are listed as contraindicated including:

- Concomitant MAOI or within the last 14 days
- In combination with dextromethorphan
- In combination with drugs known to both prolong the QT interval and are metabolized by CYP2D6 (e.g., thioridazine and pimozide)
- In combination with quinidine, quinine or mefloquine

[Confirmation that patient does not have heart failure, high-risk of complete AV block, or complete AV block without implanted pacemaker]

[Confirmation that patient does not have long QT syndrome or history suggestive of torsades de pointes]
[Confirmation that patient does not have history of quinidine, quinine or mefloquine-induced thrombocytopenia, hepatitis, or other hypersensitivity reaction]
[Confirmation that other potential causes of uncontrolled laughing and crying have been ruled out]
[Baseline ECG results with no significant abnormalities and no history of QT prolongation syndrome]
[Number of episodes of inappropriate laughing or crying per day before therapy]
[Drug treatments the patient has tried and failed in the past to treat the PBA symptoms]
[Supporting medical records, including records that date back to the first entry of PBA diagnosis (Sometimes medical records need to be coordinated between separate providers)]

In my clinical opinion, [Patient Name] should receive NUEDEXTA for the following reasons:

[Provide clinical rationale for treatment with NUEDEXTA]

In summary, it is my professional judgment that NUEDEXTA is medically necessary and reasonable for [Patient Name]'s medical condition. Please contact me at [office phone number] if any additional information is required to ensure the prompt approval of this course of treatment.

Sincerely,

[Physician signature]

Enclosures:

[List enclosures as appropriate: Examples of enclosures include excerpt(s) and summary from patient's medical record, explanation of benefits (EOB), journal articles, copies of medical correspondence, specific information about the recommended drug or procedure (package insert, FDA approval letter, treatment guidelines compiled by professional physician organizations). Be sure to include all the listed documents with the letter when you send it to your patient's insurance provider.]

Note: Do not return any of this information to your Otsuka® Sales Representative.

INDICATION and IMPORTANT SAFETY INFORMATION for NUEDEXTA® (dextromethorphan HBr and quinidine sulfate)

INDICATION

NUEDEXTA is indicated for the treatment of pseudobulbar affect (PBA).

PBA occurs secondary to a variety of otherwise unrelated neurologic conditions, and is characterized by involuntary, sudden, and frequent episodes of laughing and/or crying. PBA episodes typically occur out of proportion or incongruent to the underlying emotional state. PBA is a specific condition, distinct from other types of emotional lability that may occur in patients with neurologic disease or injury.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS:

- **Quinidine and Related Drugs:** NUEDEXTA contains quinidine and should not be used concomitantly with other drugs containing quinidine, quinine, or mefloquine.
- **Hypersensitivity:** NUEDEXTA is contraindicated in patients with a history of NUEDEXTA-, quinine-, mefloquine-, or quinidine-induced thrombocytopenia, hepatitis, bone-marrow depression, lupus-like syndrome, or known hypersensitivity to dextromethorphan (e.g., rash, hives).
- **MAOIs:** NUEDEXTA is contraindicated in patients taking monoamine oxidase inhibitors (MAOIs), or in patients who have taken MAOIs within the preceding 14 days, due to the risk of serious and possibly fatal drug interactions, including serotonin syndrome. Allow at least 14 days after stopping NUEDEXTA before starting an MAOI.

- **Cardiovascular:** NUEDEXTA is contraindicated in patients with a prolonged QT interval, congenital long QT syndrome, history suggestive of torsades de pointes, heart failure, patients receiving drugs that both prolong QT interval and are metabolized by CYP2D6 (e.g., thioridazine and pimozide), patients with complete atrioventricular (AV) block without implanted pacemaker, or at high risk of complete AV block.

Thrombocytopenia and Other Hypersensitivity Reactions: Quinidine can cause immune-mediated thrombocytopenia that can be severe or fatal. Non-specific symptoms, such as lightheadedness, chills, fever, nausea, and vomiting, can precede or occur with thrombocytopenia. NUEDEXTA should be discontinued immediately if thrombocytopenia occurs.

Hepatotoxicity: Hepatitis, including granulomatous hepatitis, has been reported in patients receiving quinidine, generally during the first few weeks of therapy. Discontinue immediately if this occurs.

Cardiac Effects: NUEDEXTA causes dose-dependent QTc prolongation. QT prolongation can cause torsades de pointes–type ventricular tachycardia, with the risk increasing as the degree of prolongation increases. When initiating NUEDEXTA in patients at risk for QT prolongation and torsades de pointes, electrocardiographic (ECG) evaluation of QT interval should be conducted at baseline and 3 to 4 hours after the first dose. Some risk factors include use with CYP3A4 inhibitors or drugs that prolong QT interval, electrolyte abnormalities, bradycardia, or left ventricular hypertrophy or dysfunction. If patients taking NUEDEXTA experience symptoms that could indicate the occurrence of cardiac arrhythmias (e.g., syncope or palpitations), NUEDEXTA should be discontinued, and the patient further evaluated.

Concomitant Use of CYP2D6 Substrates: NUEDEXTA inhibits CYP2D6 and may interact with other drugs metabolized by CYP2D6. Adjust dose of CYP2D6 substrates as needed.

Dizziness: NUEDEXTA may cause dizziness. Take precautions to reduce the risk of falls.

Serotonin Syndrome: Use of NUEDEXTA with selective serotonin reuptake inhibitors (SSRIs) or tricyclic antidepressants increases the risk of “serotonin syndrome.”

Anticholinergic Effects of Quinidine: Monitor for worsening in myasthenia gravis.

Adverse Reactions: The most common adverse reactions (incidence of ≥3% and two-fold greater than placebo) in patients taking NUEDEXTA are diarrhea, dizziness, cough, vomiting, asthenia, peripheral edema, urinary tract infection, influenza, increased gamma-glutamyltransferase, and flatulence.

These are not all the risks for use of NUEDEXTA.

To report SUSPECTED ADVERSE REACTIONS, contact Otsuka America Pharmaceutical, Inc. at 1-800-438-9927 or FDA at 1-800-FDA-1088 (www.fda.gov/medwatch).

Please see **FULL PRESCRIBING INFORMATION.**

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