

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2024 P 1234-8
Program	Prior Authorization/Notification
Medications	Nuedexta® (dextromethorphan/quinidine)
P&T Approval Date	11/2017, 11/2018, 11/2019, 7/2020, 7/2021, 7/2022, 7/2023, 7/2024
Effective Date	10/1/2024

**1. Background:**

Nuedexta, a combination product containing dextromethorphan hydrobromide and quinidine sulfate, is indicated for the treatment of pseudobulbar affect (PBA). PBA occurs secondary to a variety of neurologic conditions, and is characterized by involuntary, sudden, and frequent episodes of laughing and/or crying. PBA episodes typically occur out of proportion or are inappropriate to the underlying emotional state. PBA is a specific condition, distinct from other types of emotional lability that may occur in patients with neurological disease or injury.

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. Initial Authorization</b></p> <p>1. <b>Nuedexta</b> will be approved based on the following criterion:</p> <p style="padding-left: 40px;">a. Diagnosis of pseudobulbar affect</p> <p style="text-align: center;"><b>Authorization will be issued for 12 months.</b></p> <p><b>B. Reauthorization</b></p> <p>1. <b>Nuedexta</b> will be approved based on the following criterion:</p> <p style="padding-left: 40px;">a. Documentation of positive clinical response to therapy</p> <p style="text-align: center;"><b>Authorization will be issued for 12 months.</b></p> <p><sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>
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**3. Additional Clinical Programs:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

**4. References:**

1. Nuedexta [package insert]. Aliso Viejo, CA: Avanir Pharmaceuticals, Inc.; June 2019.

Program	Prior Authorization/Notification – Nuedexta
<b>Change Control</b>	
11/2017	New program.
11/2018	Annual review. Updated background section and references.
11/2019	Annual review. Updated references.
7/2020	Annual review. No changes.
7/2021	Annual review. Added state mandate language.
7/2022	Annual review. No changes.
7/2023	Annual review. No changes.
7/2024	Annual review. Updated initial authorization.