Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

**Nuedexta (Dextromethorphan/Quinidine)**

*This criteria was recommended for review by an MCO to ensure appropriate and safe utilization*

Clinical Criteria Information Included in this Document

**Nuedexta Capsules**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section

Revision Notes

Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA’ table
Nuedexta (Dextromethorphan/Quinidine)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUEDEXTA 20-10MG CAPSULES</td>
<td>29290</td>
</tr>
</tbody>
</table>
1. Is the client greater than or equal to (≥) 18 years of age?
   [ ] Yes (Go to #2)
   [ ] No (Deny)

2. Does the client have a diagnosis of pseudobulbar affect (PBA) in the last 730 days?
   [ ] Yes (Go to #3)
   [ ] No (Deny)

3. Is the dose less than or equal to (≤) 2 capsules per day?
   [ ] Yes (Approve – 365 days)
   [ ] No (Deny)
Nuedexta (Dextromethorphan/Quinidine)

Clinical Criteria Logic Diagram

**Step 1**
Is the client $\geq$ 18 years of age?
- Yes
  - **Step 2**
    Does the client have a diagnosis of pseudobulbar affect in the last 730 days?
    - No → Deny Request
    - Yes → Step 3
  - No → Deny Request
- No → Deny Request

**Step 3**
Is the dose $\leq$ 2 capsules per day?
- Yes → Approve Request (365 days)
- No → Deny Request
**Nuedexta (Dextromethorphan/Quinidine)**

Clinical Criteria Supporting Tables

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F482</td>
<td>PSEUDOBULBAR AFFECT</td>
</tr>
</tbody>
</table>

**Step 2 (diagnosis of pseudobulbar affect)**

**Required diagnosis:** 1

**Look back timeframe:** 730 days
Clinical Criteria References


Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the most current revision are also provided in the Revision Notes on the first page of this document.

<table>
<thead>
<tr>
<th>Publication Date</th>
<th>Notes</th>
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<tbody>
<tr>
<td>01/27/2017</td>
<td>Initial publication and presentation to the DUR Board</td>
</tr>
<tr>
<td>03/29/2019</td>
<td>Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each ‘Drug Requiring PA’ table</td>
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