Texas Prior Authorization Program
Clinical Edit Criteria

Drug/Drug Class

Nuedexta (Dextromethorphan/Quinidine)

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

Clinical Edit Information Included in this Document

Nuedexta Capsules

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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 edit

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

Revision Notes

- Initial Publication
## Drugs Requiring Prior Authorization

<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>
Nuedexta (Dextromethorphan/Quinidine)

Clinical Edit Criteria Logic

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 Edit Criteria Logic Diagram

Step 1
Is the client ≥ 18 years of age?

No
Deny Request

Yes

Step 2
Does the client have a diagnosis of pseudobulbar affect in the last 730 days?

No
Deny Request

Yes

Step 3
Is the dose ≤ 2 capsules per day?

No
Deny Request

Yes
Approve Request (365 days)
**Nuedexta (Dextromethorphan/Quinidine)**

Clinical Edit Criteria Supporting Tables

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>31081</td>
<td>PSEUDOBULBAR AFFECT</td>
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</table>

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

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

*Required diagnosis: 1*

*Look back timeframe: 730 days*
Nuedexta (Dextromethorphan/Quinidine)

Clinical Edit 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>
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