

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

Annual review by staff

Updated references



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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.

Drugs Requiring Prior Authorization	
Label Name	GCN
NUEDEXTA 20-10MG CAPSULES	29290



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Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #2)
 No (Deny)

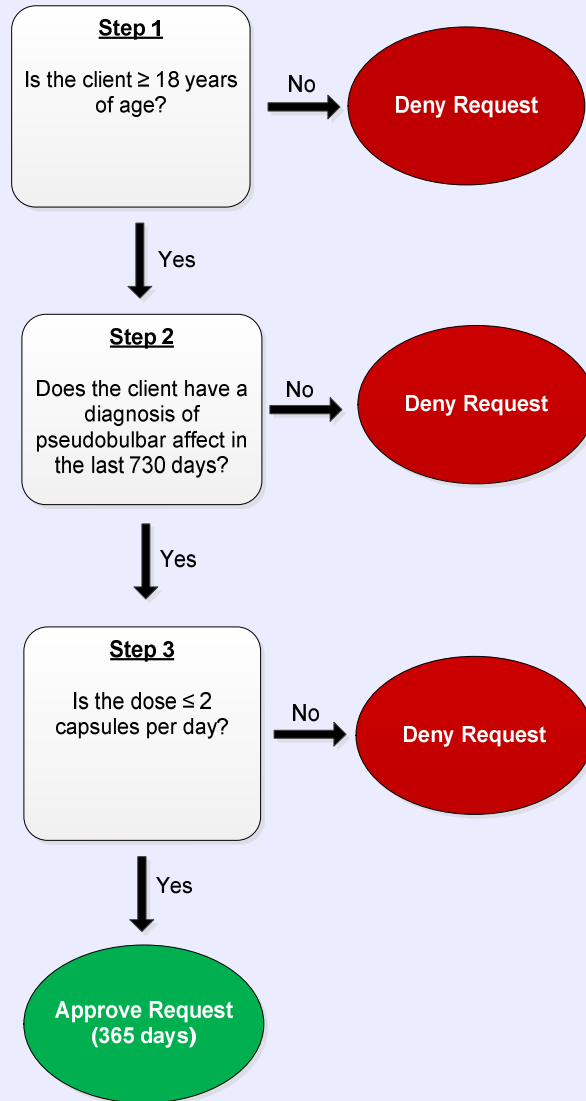
2. Does the client have a diagnosis of pseudobulbar affect (PBA) in the last 730 days?
 Yes (Go to #3)
 No (Deny)

3. Is the dose less than or equal to (\leq) 2 capsules per day?
 Yes (Approve – 365 days)
 No (Deny)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 2 (diagnosis of pseudobulbar affect) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
F482	PSEUDOBULBAR AFFECT



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Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2024. Available at www.clinicalpharmacology.com. Accessed on January 20, 2024.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on January 20, 2024.
3. Nuedexta Prescribing Information. Rockville, MD. Otsuka America Pharmaceutical, Inc. December 2022.
4. Press D. (2023). Management of neuropsychiatric symptoms of dementia. Post TW (Ed), UpToDate.
5. Galvez-Jimenez N, Quinn C. (2023). Symptom-based management of amyotrophic lateral sclerosis. Post TW (Ed), UpToDate.

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.

Publication Date	Notes
01/27/2017	Initial publication and presentation to the DUR Board
03/29/2019	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
11/11/2021	Annual review by staff Updated references
02/14/2024	Annual review by staff Updated references