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
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

1. Is the client ≥ 18 years of age?  
   - No → Deny Request
   - Yes → 2.

2. Does the client have a diagnosis of pseudobulbar affect in the last 730 days?  
   - No → Deny Request
   - Yes → 3.

3. Is the dose ≤ 2 capsules per day?  
   - No → Deny Request
   - Yes → Approve Request (365 days)
Nuedexta (Dextromethorphan/Quinidine)

Clinical Criteria Supporting Tables

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

<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>

Required diagnosis: 1

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

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>
</tr>
<tr>
<td>11/11/2021</td>
<td>Annual review by staff Updated references</td>
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