

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME\***  
(generic)

**NUEDEXTA**  
(dextromethorphan hydrobromide/quinidine sulfate)

**Status: CVS Caremark® Criteria**  
**Type: Initial Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

Nuedexta is indicated for the treatment of pseudobulbar affect (PBA).

PBA occurs secondary to a variety of otherwise unrelated neurologic conditions, and is characterized by involuntary, sudden, and frequent episodes of laughing and/or crying. PBA episodes typically occur out of proportion or incongruent 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.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of pseudobulbar affect (PBA)

**AND**

- The request is NOT for continuation of therapy

**OR**

- The request is for continuation of therapy

**AND**

- The patient has achieved or maintained a decrease in pseudobulbar affect (PBA) episodes since starting the requested drug

Duration of Approval (DOA):

- 870-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 36 months
- 599-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 12 months

### REFERENCES

1. Nuedexta [package insert]. Aliso Viejo, CA: Avanir Pharmaceuticals, Inc.; June 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed February 28, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 02/28/2024).
4. Hammond FM, Alexander DN, Cutler AJ, et. Al. PRISM II: An open-label study to assess effectiveness of dextromethorphan/quinidine for pseudobulbar affect in patients with dementia, stroke or traumatic brain injury. *BMC Neurol.* 2016;16:89.

Nuedexta PA Policy 870-A, 599-A UDR 04-2024.docx

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