

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1234-7
Program	Prior Authorization/Notification
Medications	Nuedexta (dextromethorphan/quinidine)
P&T Approval Date	11/2017, 11/2018, 11/2019, 7/2020, 7/2021, 7/2022, 7/2023
Effective Date	10/1/2023; Oxford only: N/A

1. Background:

Nuedexta, a combination product containing dextromethorphan hydrobromide and quinidine sulfate, is indicated for the treatment of pseudobulbar affect (PBA). PBA occurs secondary to a variety of neurologic conditions, and is characterized by involuntary, sudden, and frequent episodes of laughing and/or crying. PBA episodes typically occur out of proportion or are inappropriate 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.

2. Coverage Criteria^a:

<p>A. Initial Authorization</p> <p>1. Nuedexta will be approved based on the following criterion:</p> <p style="padding-left: 40px;">a. Diagnosis of pseudobulbar affect</p> <p>Authorization will be issued for 6 months.</p> <p>B. Reauthorization</p> <p>1. Nuedexta will be approved based on the following criterion:</p> <p style="padding-left: 40px;">a. Documentation of positive clinical response to therapy</p> <p>Authorization will be issued for 12 months.</p> <p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Nuedexta [package insert]. Aliso Viejo, CA: Avanir Pharmaceuticals, Inc.; June 2019.

Program	Prior Authorization/Notification – Nuedexta
Change Control	
11/2017	New program.
11/2018	Annual review. Updated background section and references.
11/2019	Annual review. Updated references.
7/2020	Annual review. No changes.
7/2021	Annual review. Added state mandate language.
7/2022	Annual review. No changes.
7/2023	Annual review. No changes.