UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 2213-6
Program	Prior Authorization/Medical Necessity
Medications	Nuedexta® (dextromethorphan/quinidine)
P&T Approval Date	7/2020, 7/2021, 7/2022, 7/2023, 7/2024, 7/2025
Effective Date	10/1/2025

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]:

A. Initial Authorization

1. **Nuedexta** will be approved based on **all** of the following criteria:

   a. Diagnosis of pseudobulbar affect

   -AND-

   b. **One** of the following

      1) Amyotrophic lateral sclerosis (ALS)
      2) Alzheimer's disease
      3) Multiple sclerosis (MS)
      4) Parkinson's disease
      5) Stroke
      6) Traumatic brain injury

   -AND-

   c. Documented absence of cardiac rhythm disorders

   -AND-

   d. Prescribed by or in consultation with a neurologist

Authorization will be issued for 12 months.

B. Reauthorization

1. **Nuedexta** will be approved based on the following criterion:

a. Documentation of positive clinical response to therapy

Authorization will be issued for 12 months.

[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.

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]. Rockville MD: Otsuka America Pharmaceutical, Inc.; December 2022.

Program	Prior Authorization/Medical Necessity – Nuedexta
Change Control	
7/2020	New program.
7/2021	Annual review. Updated references.
7/2022	Annual review. Updated authorization to 6 months. Updated references.
7/2023	Annual review. No changes.
7/2024	Annual review. Updated initial authorization to 12 months.
7/2025	Annual review. Updated references.