MEDICATION POLICY:
Nuedexta (dextromethorphan/quinidine)

Applicable Drugs: Nuedexta (dextromethorphan/quinidine)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 12/5/2016

Date Last Reviewed / Revised: 3/25/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

I. Documented diagnosis of pseudobulbar affect (PBA) and meets all the following criteria (A through C):
   A. Documented baseline score of at least 13 on the Center for Neurologic Studies-Lability Scale (CNS-LS) or Pathological Laughter and Crying Scale (PLACS).
   B. Documented diagnosis of a neurologic disease or brain injury (eg, traumatic brain injury, stroke, dementia, multiple sclerosis, amyotrophic lateral sclerosis (ALS), Parkinson's disease, etc.).
   C. Documented treatment failure, intolerance, or contraindication to at least one medication from each of the following medication classes:
      1. Tricyclic antidepressants (TCA)
      2. Selective serotonin reuptake inhibitors (SSRI)

II. Minimum age requirement: 18 years old.

III. Treatment is prescribed by or in consultation with a neurologist or psychiatrist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

V. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 60 capsules per 30 days.

Approval Length

- **Authorization:** 6 months.
- **Re-Authorization:** 1 year. An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective as documented by a decline in score from baseline on the CNS-LS or PLACS.

Appendix

- N/A

References

1. Nuedexta. Prescribing information. Avanir Pharmaceuticals Inc.; 2022. Accessed March 25, 2026. https://www.otsuka-us.com/sites/g/files/qhldwo7866/files/media/static/NUEDEXTA-PI.pdf
2. Ahmed A, Simmons Z. Pseudobulbar affect: prevalence and management. *Ther Clin Risk Manag*. 2013;9:483-489. Doi:10.2147/TCRM.S53906
3. Pioro EP, Brooks BR, Cummings J, et al. Dextromethorphan plus ultra low-dose quinidine reduces pseudobulbar affect. *Ann Neurol*. 2010;68(5):693-702. Doi:10.1002/ana.22093

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.