



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

**DEXTROMETHORPHAN with QUINIDINE**

Generic	Brand	HICL	GCN	Exception/Other
DEXTROMETHORPHAN/ QUINIDINE	NUDEXTA	37278		

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of pseudobulbar affect (PBA)?

If yes, **approve for 12 months by HICL for #2 per day per month.**

If no, do not approve.

**DENIAL TEXT:** Our guideline for **DEXTROMETHORPHAN with QUINIDINE** requires a diagnosis of pseudobulbar affect (PBA).

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**RATIONALE**

Ensure that Nuedexta is used solely for its FDA approved indication and in patients for whom it has been determined to be safe and efficacious.

**FDA APPROVED INDICATION**

Nuedexta is indicated for treatment of pseudobulbar affect (PSA).

**REFERENCES**

- Avanir Pharmaceuticals, Inc. Nuedexta package insert. Aliso Viejo, CA. January 2015.
- Miller A, Pratt H, and Schiffer R. Pseudobulbar affect: the spectrum of clinical presentations, etiologies and treatments. Expert Rev Neurother. 2011; 11(7) 1077-1088:
- National Stroke Association. Pseudobulbar affect and stroke. Stroke Clinical Updates. Volume XV, Issue 1: January/February 2005.
- Pioro E. Current concepts in pharmacotherapy of pseudobulbar affect. Drugs 2004; 71 (9): 1192-1207.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 05/01/15

Created: 02/11

Client Approval: 03/15

P&T Approval: 01/15