



**STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES**

DEXTROMETHORPHAN with QUINIDINE

Generic	Brand	HICL	GCN	Exception/Other
DEXTROMETHORPHAN/ QUINIDINE	NUEDEXTA	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).

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.
- Piro 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