



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Nuedexta Page: 1 of 1

Effective Date: 2/10/2023 Last Review Date: 11/2022

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Nuedexta (dextromethorphan hydrobromide/quinidine sulfate) under the patient’s prescription drug benefit.

Description:

Nuedexta is indicated for the treatment of pseudobulbar affect (PBA). PBA occurs secondary to a variety of otherwise unrelated neurologic conditions, and is characterized by involuntary, sudden, and frequent episodes of laughing and/or crying. PBA episodes typically occur out of proportion or incongruent 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.

Applicable Drug List:

Nuedexta

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of pseudobulbar affect (PBA)

Approval Duration and Quantity Restrictions:

Approval: 12 months

References:

1. Nuedexta [package insert]. Aliso Viejo, CA: Avanir Pharmaceuticals, Inc.; June 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed February 18, 2022.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed February 18, 2022.