

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

Nuedexta (Dextromethorphan/Quinidine)

This criteria was recommended for review by a MCO to ensure appropriate and safe utilization.

Clinical Criteria Information included in this Document

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Updated references



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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| NUEDEXTA 20-10MG CAPSULES | 29290 |

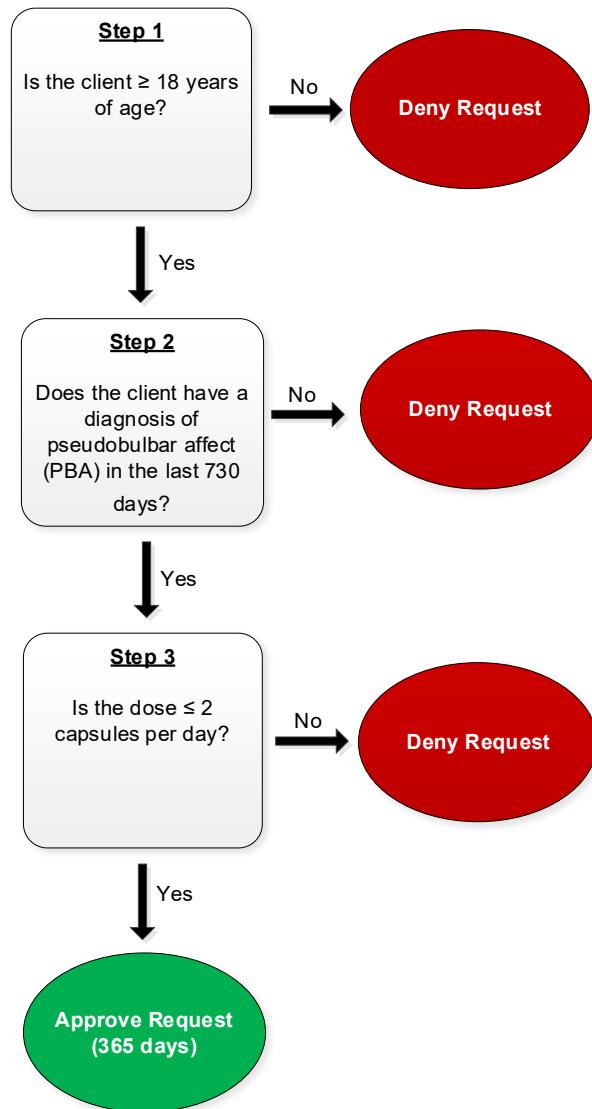
**Nuedexta (Dextromethorphan/Quinidine)****Clinical Criteria Logic**

1. Is the client greater than or equal to (\geq) 18 years of age?
[] Yes – Go to #2
[] No – Deny
2. Does the client have a [diagnosis of pseudobulbar affect \(PBA\)](#) in the last 730 days?
[] Yes – Go to #3
[] No – Deny
3. Is the requested dose less than or equal to (\leq) 2 capsules per day?
[] Yes – Approve (365 days)
[] No – Deny



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Clinical Criteria Logic Diagram



**Nuedexta (Dextromethorphan/Quinidine)****Clinical Criteria Supporting Tables****Table 2 (diagnosis of pseudobulbar affect)****Required diagnosis: 1****Look back timeframe: 730 days**

| ICD-10 Code | Description |
|-------------|---------------------|
| F482 | PSEUDOBULBAR AFFECT |



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Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on July 20, 2025.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on July 20, 2025.
3. Nuedexta Prescribing Information. Rockville, MD. Otsuka America Pharmaceutical, Inc. December 2022.
4. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on July 20, 2025.



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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

| Publication Date | Notes |
|------------------|--|
| 01/27/2017 | <ul style="list-style-type: none">Initial publication and presentation to the DUR Board |
| 03/29/2019 | <ul style="list-style-type: none">Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table |
| 11/11/2021 | <ul style="list-style-type: none">Annual review by staffUpdated references |
| 02/14/2024 | <ul style="list-style-type: none">Annual review by staffUpdated references |
| 01/17/2025 | <ul style="list-style-type: none">Annual review by staffUpdated references |
| 08/29/2025 | <ul style="list-style-type: none">Annual review by staffUpdated references |