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 criteria lookback language to say, “in past medical and/or pharmacy claims history?”

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

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Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 18 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of pseudobulbar affect (PBA) in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Is the requested dose less than or equal to (≤) 2 capsules per day?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

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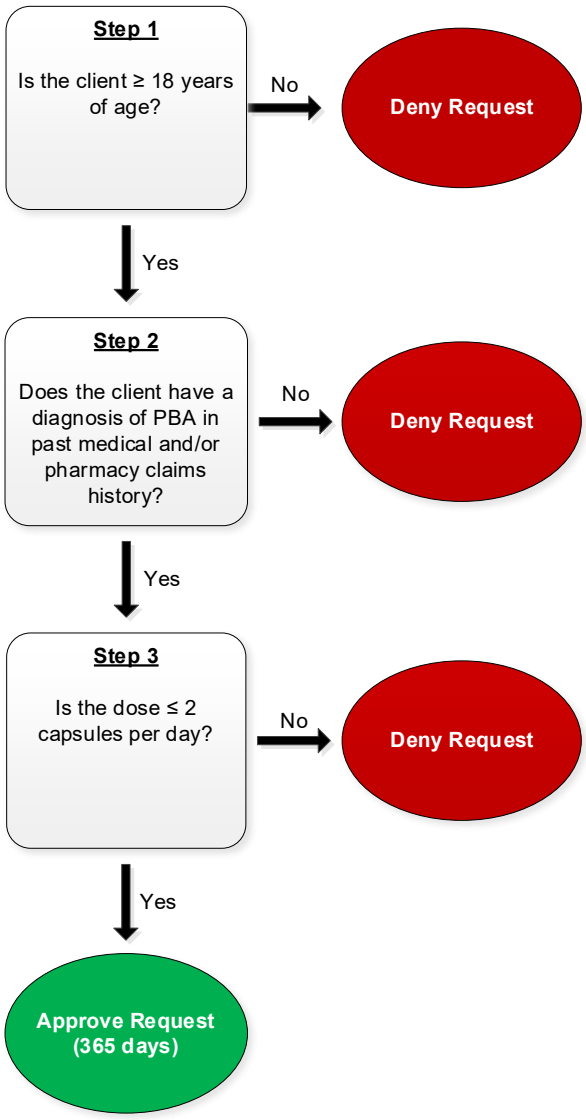
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Diagnosis of Pseudobulbar Affect	
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.; 2026. Available at www.clinicalpharmacology.com. Accessed on March 2, 2026.

2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on March 2, 2026.

3. Nuedexta Prescribing Information. Rockville, MD. Otsuka America Pharmaceutical, Inc. December 2022.

4. 2026 ICD-10-CM Diagnosis Codes. 2026. Available at www.icd10data.com. Accessed on March 2, 2026.

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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	• Initial publication and presentation to the DUR Board
03/29/2019	• 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	• Annual review by staff • Updated references
02/14/2024	• Annual review by staff • Updated references
01/17/2025	• Annual review by staff • Updated references
08/29/2025	• Annual review by staff • Updated references
04/24/2026	• Annual review by staff • Updated criteria lookback language to say, "in past medical and/or pharmacy claims history?" • Updated references