Appear With/Without Grimacing

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Doctor: And then what happens? Does it just, it just...
Patient: I just lose control.
Doctor: Are there any times when this kind of crying, frustration, can it turn to laughter too?
Patient: *Crying* Sometimes, I try to put it out of my mind, to try to put away the tears.
Doctor: But they come irregardless of how you feel... how, how...
Patient: *Crying*
Doctor: Is there any way you can make it stop?
Patient: *Crying* I just have to, I just have to work through it.

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Sound Noisy with Increasing Volume

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Doctor: When you have these spells of crying, it just happens by itself?
Patient: Um-huh...I don't know.
Doctor: If I told you a mother-in-law joke, would that set you off?
Patient: No. But if you keep telling me a joke, a joke, a joke, a joke, a joke, that would set me off. That would set me off! *crying*
They're onto me! They're onto me! And, that they're going to be here in one minute and...*crying* [inaudible]

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Sound Noiseless or Quiet

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Nurse: Do you feel bad today?
Patient: No, of course not. I feel pretty good every day. Sometimes not so good, but we try. *crying* And sometimes we make it. Sometimes we don't. We try...*crying*...every day.

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Appear With or Without Tears

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Doctor: How about with your grandchildren? Are you getting along with your grandchildren?
Patient: Yes.
Doctor: Yeah.
Patient: They don't talk to me very much.
Doctor: How does that make you feel?
Patient: Not very nice.
Patient: *Crying*
Doctor: [inaudible]...wailing?
Patient: No.
Doctor: Not even close.

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INDICATION and IMPORTANT SAFETY INFORMATION for NUEDEXTA® (dextromethorphan HBr and quinidine sulfate)

INDICATION:

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 neurologic disease or injury.

NUEDEXTA®
(dextromethorphan HBr and quinidine sulfate) capsules 20 mg / 10 mg

IMPORTANT SAFETY INFORMATION:

CONTRAINDICATIONS:

- **Quinidine and Related Drugs:** NUEDEXTA contains quinidine and should not be used concomitantly with other drugs containing quinidine, quinine, or mefloquine.
- **Hypersensitivity:** NUEDEXTA is contraindicated in patients with a history of NUEDEXTA-, quinine-, mefloquine-, or quinidine-induced thrombocytopenia, hepatitis, bone-marrow depression, lupus-like syndrome, or known hypersensitivity to dextromethorphan (e.g., rash, hives).
- **MAOIs:** NUEDEXTA is contraindicated in patients taking monoamine oxidase inhibitors (MAOIs), or in patients who have taken MAOIs within the preceding 14 days, due to the risk of serious and possibly fatal drug interactions, including serotonin syndrome. Allow at least 14 days after stopping NUEDEXTA before starting an MAOI.
- **Cardiovascular:** NUEDEXTA is contraindicated in patients with a prolonged QT interval, congenital long QT syndrome, history suggestive of torsades de pointes, heart failure, patients receiving drugs that both prolong QT interval and are metabolized by CYP2D6 (e.g., thioridazine and pimozide), patients with complete atrioventricular (AV) block without implanted pacemaker, or at high risk of complete AV block.

Thrombocytopenia and Other Hypersensitivity Reactions: Quinidine can cause immune-mediated thrombocytopenia that can be severe or fatal. Non-specific symptoms, such as lightheadedness, chills, fever, nausea, and vomiting, can precede or occur with thrombocytopenia. NUEDEXTA should be discontinued immediately if thrombocytopenia occurs.

Hepatotoxicity: Hepatitis, including granulomatous hepatitis, has been reported in patients receiving quinidine, generally during the first few weeks of therapy. Discontinue immediately if this occurs.

Cardiac Effects: NUEDEXTA causes dose-dependent QTc prolongation. QT prolongation can cause torsades de pointes–type ventricular tachycardia, with the risk increasing as the degree of prolongation increases. When initiating NUEDEXTA in patients at risk for QT prolongation and torsades de pointes, electrocardiographic (ECG) evaluation of QT interval should be conducted at baseline and 3 to 4 hours after the first dose. Some risk factors include use with CYP3A4 inhibitors or drugs that prolong QT interval, electrolyte abnormalities, bradycardia, or left ventricular hypertrophy or dysfunction. If patients taking NUEDEXTA experience symptoms that could indicate the occurrence of cardiac arrhythmias (e.g., syncope or palpitations), NUEDEXTA should be discontinued, and the patient further evaluated.

Concomitant Use of CYP2D6 Substrates: NUEDEXTA inhibits CYP2D6 and may interact with other drugs metabolized by CYP2D6. Adjust dose of CYP2D6 substrates as needed.

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November 2023 18US23EBP0104

Dizziness: NUEDEXTA may cause dizziness. Take precautions to reduce the risk of falls.

Serotonin Syndrome: Use of NUEDEXTA with selective serotonin reuptake inhibitors (SSRIs) or tricyclic antidepressants increases the risk of "serotonin syndrome."

Anticholinergic Effects of Quinidine: Monitor for worsening in myasthenia gravis.

Adverse Reactions: The most common adverse reactions (incidence of ≥3% and two-fold greater than placebo) in patients taking NUEDEXTA are diarrhea, dizziness, cough, vomiting, asthenia, peripheral edema, urinary tract infection, influenza, increased gamma-glutamyltransferase, and flatulence.

These are not all the risks for use of NUEDEXTA.

To report SUSPECTED ADVERSE REACTIONS, contact Otsuka America Pharmaceutical, Inc. at 1-800-438-9927 or FDA at 1-800-FDA-1088 (www.fda.gov/medwatch).

Please see **FULL PRESCRIBING INFORMATION**.

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November 2023 18US23EBP0104