

Caregiver Perspective on the Impact of PBA: Ross and Karen

Ross: PBA can have a substantial impact on a patient's life.

I can speak from experience. My name's Ross. I'm a physician, and I'm also a caregiver for my wife, Karen who has MS and PBA.

Onscreen Text: The impact of PBA can be substantial.

Ross, caregiver for Karen, patient with Multiple Sclerosis and PBA

VO and Onscreen Text: Pseudobulbar Affect, or PBA, occurs secondary to a variety of otherwise unrelated neurologic conditions or brain injury. PBA is characterized by involuntary, sudden, frequent laughing and/or crying that is exaggerated or incongruent with the underlying mood.

Onscreen Text: Karen, patient with Multiple Sclerosis and PBA

Karen: I was often embarrassed by my uncontrollable laughing and crying outbursts that seemed to come out of nowhere.

Karen and Onscreen Text: "The laughing or the crying would make me go and hide."

Karen: I would seek refuge in the bathroom or bedroom and wait for the episode to pass. I was afraid for my family, friends and especially co-workers to see me this way.

Karen and Onscreen Text: "It interfered with my social life as well as my professional life."

Ross: Karen was diagnosed with multiple sclerosis years before I even met her. Being a practicing physician, I understood MS. I was comfortable with MS. When her uncontrollable crying and laughing episodes started though, I couldn't explain them.

Ross and Onscreen Text: "They seemed to get more frequent and worsened."

Ross: Despite being an Internist, I, and her neurologist, had no real way to help her.

Ross: Life with MS and undiagnosed PBA was so stressful, a constant grind.

Onscreen Text: "Life with MS and undiagnosed PBA was so stressful"

Ross: And despite our general happiness, there was often tension and frustration at home.

I used to constantly try to be careful so that I didn't say something wrong or provoke an episode that could be difficult to manage.

Ross and Onscreen Text: "Those were very scary years."

Karen: It was affecting my marriage, as well as my professional life as a social worker.

Karen and Onscreen Text: "I knew we needed help."

Ross: Together, we kept searching for an answer. And eventually, we came across a name for her symptoms in an MS forum:

Ross and Onscreen Text: Pseudobulbar Affect.

VO: Like many of the nearly 2 million Americans with Pseudobulbar Affect, Karen didn't fully understand her PBA symptoms at first.

Onscreen Text: 2 million Americans*

Work SS, Colamonico JA, Bradley WG, Kaye RE. Pseudobulbar affect: an under-recognized and under-treated neurological disorder. *Adv Ther.* 2011;28:586-601.

Ross: We were thrilled to find a clinical trial for a drug being studied for the treatment of PBA — now known as NUEDEXTA.

Onscreen Text: NUEDEXTA logo

VO and Onscreen Text: NUEDEXTA is the first and only FDA-approved treatment for PBA.

VO: NUEDEXTA contains quinidine, and should not be used concomitantly with other drugs containing quinidine, quinine, or mefloquine.

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 (eg, rash, hives).

Karen: NUEDEXTA has really had a significant impact on me because it has reduced my PBA episodes. With fewer episodes, I feel better not having to worry as much about going out in public.

NUEDEXTA[®]

(dextromethorphan HBr and 20 mg
quinidine sulfate) capsules 10 mg

Ross: As a caregiver, I want to tell you how important it is to open the door for patients to talk candidly about their PBA symptoms and the impact their episodes have on their life.

Ross and Onscreen Text: Just one question can make all the difference!

VO and Onscreen Text: Ask your patients and their caregivers: Can you tell me about any changes in your laughing or crying since [*your underlying neurologic diagnosis or brain injury*]?

Karen and Onscreen Text: “Ask us the question”

Karen: ...so that we can answer with our story and you can help your patients get appropriate treatment.

VO: To learn more about Diagnosing PBA and how NUEDEXTA could help, visit [NUEDEXTAHCP\[dot\]com](http://NUEDEXTAHCP.com).

End Slate:

NUEDEXTA logo

Visit NUEDEXTAHCP.COM

Ross and Karen are paid ambassadors of Avanir Pharmaceuticals, Inc.

INDICATION AND USAGE

NUEDEXTA[®] (dextromethorphan HBr and quinidine sulfate) is indicated for the treatment of pseudobulbar affect (PBA). PBA occurs secondary to a variety of otherwise unrelated neurological 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.

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 (eg, rash, hives).

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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 (eg, thioridazine and pimozide), patients with complete atrioventricular (AV) block without implanted pacemaker, or at high risk of complete AV block.

WARNINGS AND PRECAUTIONS

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 (eg, 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.

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.”

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

ADVERSE REACTIONS

The most common adverse reactions (incidence of $\geq 3\%$ 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.

Please see Full Prescribing Information at <https://www.nuedextahcp.com>.

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MLR-NUE-US-1627-1021