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

NUEDEXTA Healthcare Provider Testimonial: Jennifer

Onscreen Text: Jennifer, BSN-RN // LTC Registered Nurse Assessment Coordinator

Nurse Jennifer: My name is Jennifer. I am a BSN, RN. I am also a registered nurse assessment coordinator, and so what I do is I work with the clinical team and risk manager to set up a picture of the resident. I'm required to do an assessment on every resident that comes into our facility.

We have a resident who would like to attend a lot of activities. When he would be playing bingo or cards with the other residents, he would have all of a sudden uncontrollable crying. We would unfortunately have to end up removing him from a lot of the activities that he loves to do because of the – you know – unexpected, exaggerated crying. Being taken away could be kind of embarrassing in front of the other residents. Here's this man crying uncontrollably – you know – and so I think – it – it does affect him.

So, it wasn't until we had a NUEDEXTA representative who came and as he continued to educate us on PBA, we all kind of – you know – said, "you know, we think we have someone here like that." It was kind of like the "ah-ha" moment – you know – for all of us who had been seeing this gentleman with this uncontrollable crying. When he had started NUEDEXTA, he has way less crying episodes. He's able to do more the things he loves do to – more activities, things like that.

The second resident that we happen to have, who came in, she had a stroke. She had many co-morbidities and she was exhibiting PBA symptoms. She was crying uncontrollably, so we talked to the doctor and asked him if he could come see her, and he decided that he thought she was experiencing symptoms of depression. He had started her on antidepressants. We did not see a decrease in the number of crying episodes that she was having, and so we asked him if he could come back in and re-evaluate her.

And, he came in and decided that he too felt that this could be PBA and had prescribed NUEDEXTA. The doctor did mention the potential side effects of NUEDEXTA which are diarrhea, dizziness, cough, vomiting, weakness or ankle swelling. After she did start taking the medication, we did see a decrease in the number of crying episodes. Her family was visiting more often, and she was actually able to interact with the staff as well, since she is our – our – greeter in the front of the nurses' station every day.

But – it's a – it is rewarding as healthcare providers, especially as the nurses, we are the front line and the residents' advocate as well for doctors, and so it's important for us to be able to decipher exactly what's going on with these residents with PBA and help get these patients to have a better outcome overall.

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End Card:
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Visit NUEDEXTAHCP.com
THE ONLY FDA APPROVED TREATMENT PROVEN TO REDUCE PBA EPISODES.

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).

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.

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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."

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.

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

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