

Austedo (deutetrabenazine)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Austedo (deutetrabenazine)	May be subject to quantity limit

APPROVAL CRITERIA

Initial requests for Austedo (deutetrabenazine) may be approved for individuals who meet the following criteria:

- I. Individual is 18 years of age or older;

AND

- II. Individual has a diagnosis of chorea associated with Huntington's disease;

OR

- III. Individual has a diagnosis of tardive dyskinesia (TD) confirmed by the following (DSM-5):
 - A. At least 60 days of stable (drug, dose) medication exposure (either typical or first generation antipsychotic agents [such as, chlorpromazine, haloperidol, fluphenazine], atypical or second-generation antipsychotic agents [such as, clozapine, risperidone, olanzapine, quetiapine, aripiprazole], or certain dopamine receptor-blocking drugs used in treatment of nausea and gastroparesis [such as, prochlorperazine, promethazine, metoclopramide]); **AND**
 - B. Presence of involuntary athetoid or choreiform movements lasting at least 30 days.

Requests for continuation of therapy for Austedo (deutetrabenazine) may be approved for individuals who meet the following criteria:

- I. Individual has experienced an improvement in symptoms deemed to be clinically significant by the provider.

Requests for Austedo (deutetrabenazine) may not be approved for individuals who meet the following criteria:

- I. Individual is suicidal or has untreated/inadequately treated depression; **OR**
- II. Individual has hepatic impairment; **OR**
- III. Individual is currently utilizing monoamine oxidase inhibitors (MAOIs), reserpine, tetrabenazine, or valbenazine.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 13, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5. Washington, D.C: American Psychiatric Association.
6. Bhidayasiri R, Fahn S, Weiner WJ, et al. Evidence-based guideline: treatment of tardive syndromes: report of the guideline development subcommittee of the American Academy of Neurology. *Neurology*. 2013;81:463-9. Available at <https://www.aan.com/Guidelines/>.
7. Bhidayasiri R, Jikritsadakul O, Friedman JH, Fahn S. Updating the recommendations for treatment of tardive syndromes: A systematic review of new evidence and practical treatment algorithm. *J Neurol Sci*. 2018 Jun 15; 389:67-75.
8. Armstrong MJ, Miyasaki JM. Evidence-based guideline: Pharmacologic treatment of chorea in Huntington disease. Report of the guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2012; 79:597-603.