

PRIOR AUTHORIZATION POLICY

POLICY: Vesicular Monoamine Transporter Type 2 Inhibitors – Austedo Prior Authorization Policy

- Austedo® (deutetrabenazine tablets – Teva)
- Austedo® XR (deutetrabenazine extended-release tablets – Teva)

REVIEW DATE: 04/10/2024

OVERVIEW

Austedo and Austedo XR, vesicular monoamine transporter type 2 inhibitors, are indicated in adults for the following uses:¹

- **Chorea associated with Huntington's disease.**
- **Tardive dyskinesia.**

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Austedo/Austedo XR. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Austedo/Austedo XR as well as the monitoring required for adverse events and long-term efficacy, approval requires Austedo/Austedo XR to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Austedo/Austedo XR is recommended in those who meet one of the following criteria:

FDA-Approved Indications

- 1. Chorea Associated with Huntington's Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
 - A) Patient is ≥ 18 years of age; AND
 - B) Diagnosis of Huntington's disease is confirmed by genetic testing (for example, an expanded HTT CAG repeat sequence of at least 36); AND
 - C) The medication is prescribed by or in consultation with a neurologist.
- 2. Tardive dyskinesia.** Approve for 1 year if the patient meets BOTH of the following (A and B):
 - A) Patient is ≥ 18 years of age; AND
 - B) The medication is prescribed by or in consultation with a neurologist or psychiatrist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Austedo/Austedo XR is not recommended in the following situations:

- 1.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

04/10/2024

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REFERENCES

1. Austedo® tablets/Austedo® XR extended-release tablets [prescribing information]. North Wales, PA: Teva; September 2023.