# **PRIOR AUTHORIZATION POLICY**

POLICY: Vesicular Monoamine Transporter Type 2 Inhibitors – Austedo Prior Authorization Policy
Austedo<sup>®</sup> (deutetrabenazine tablets – Teva)

**REVIEW DATE:** 06/08/2022

#### **OVERVIEW**

Austedo, a vesicular monoamine transporter type 2 inhibitor, is indicated in adults for the following uses:<sup>1</sup>

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

#### **POLICY STATEMENT**

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

Automation: None.

### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of Austedo 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 the following criteria (A, B, and C):
  - A) Patient is  $\geq 18$  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 the following criteria (A and B):
  - A) Patient is  $\geq 18$  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 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.

#### References

1. Austedo<sup>®</sup> tablets [prescribing information]. North Wales, PA: Teva; May 2022.

Vesicular Monoamine Transporter Type 2 Inhibitors – Austedo PA Policy Page 2