

## 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

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### OVERVIEW

Austedo and Austedo XR, vesicular monoamine transporter type 2 inhibitors, are 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/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  $\geq 18$  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 BOTH of the following (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/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.

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**REFERENCES**

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