



# Pharmacy Drug Policy & Procedure

<b>Policy Name:</b>	<b>Austedo (deutetrabenazine)</b>	<b>Policy #:</b>	<b>2590P</b>
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## Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Austedo and Austedo XR.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Austedo or Austedo XR under the specialty pharmacy benefit when the following criteria have been met.

## Criteria

### 1. Coverage Criteria for Huntington's Disease

- 1.1 Diagnosis of chorea, or movement disorder, associated with Huntington's Disease
- 1.2 Ordered by a neurologist (central nervous system doctor)
- 1.3 Age 18 years or older
- 1.4 Documented inadequate treatment response, intolerance, or contraindication to tetrabenazine

### 2. Coverage Criteria for Tardive Dyskinesia

- 2.1 Documented diagnosis of tardive dyskinesia and score of  $\geq 10$  on the Abnormal Involuntary Movement Scale (AIMS) or  $\geq 20$  on the Extrapyrarnidal Symptom Rating Scale (ESRI)
- 2.2 Ordered by a neurologist (central nervous system doctor) or psychiatrist (doctor who specializes in mental health)
- 2.3 Age 18 or older
- 2.4 Documented inadequate treatment response, intolerance, or contraindication to TWO of the following:
  - Clonazepam
  - Benztropine
  - Second generation antipsychotic (such as clozapine, quetiapine)
  - Tetrabenazine

### 3. Managed Dose Limit

- 3.1 Austedo: #120 tablets per 30 days
- 3.2 Austedo XR: #30 tablets per 30 days

### 4. Approval Period

- 4.1 Initial: 12 months
- 4.2 Reauthorization: 12 months with documented clinical benefit on therapy

## CPT Codes

## HCPCS Codes

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## References

1. Austedo and Austedo XR (deutetrabenazine) tablets [prescribing information]. Parsippany, NJ: Teva Neuroscience Inc; May 2024.
2. Keepers GA, Fochtmann LJ, Anzia JM, et al. The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. *Am J Psychiatry*. 2020 Sep 1;177(9):868-872.
3. Lerner V, Miodownik C, etl al. Evidence-based guideline: treatment of tardive syndromes: report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2014 Feb 18;82(7):643.
4. Bachoud-Lévi AC, Ferreira J, Massart R, et al. International Guidelines for the Treatment of Huntington's Disease. *Front Neurol*. 2019 Jul 3;10:710.

**Created Date:** 08/09/17

**Effective Date:** 08/09/17

**Posted to Website:** 01/01/22

**Revision Date:** 08/07/24

### DISCLAIMER

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