

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

\*FHK- Florida Healthy Kids

## 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, or tetrabenazine.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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