



Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Moderate to severe tardive dyskinesia

AND ALL of the following:

- a. Inadequate treatment response, intolerance, or contraindication to **ONE** of the following:
 - i. Benzodiazepine
 - ii. Second generation antipsychotic (e.g., Seroquel, clozapine)
 - iii. Xenazine
- b. Documented baseline evaluation of the condition using **ONE** of the following scoring tools:
 - i. Abnormal Involuntary Movement Scale (AIMS)
 - ii. Extrapyramidal Symptom Rating Scale (ESRS)
- c. Prescriber has reduced the dosage or discontinued all causative medications including antipsychotic medication and metoclopramide (Reglan)
- d. Patient has a functional impairment that justifies treatment with Austedo

2. Chorea associated with Huntington's disease

AND NONE of the following for **ALL** indications:

1. Actively suicidal
2. Untreated or inadequately treated depression
3. Concomitant use of a MAOI (monoamine oxidase inhibitor) (must be >14 days post discontinuing therapy)
4. Concomitant use of reserpine (must be >20 days post discontinuing therapy)
5. Hepatic impairment
6. Dual therapy with other vesicular monoamine transporter 2 (VMAT2) inhibitors



Prior - Approval Limits

Quantity 48mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Age: 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Tardive dyskinesia

AND the following:

- a. Documented improvement using **ONE** of the following scores:

- i. Abnormal Involuntary Movement Scale (AIMS)
- ii. Extrapyramidal Symptom Rating Scale (ESRS)

2. Chorea associated with Huntington's disease

AND NONE of the following for **ALL** indications:

1. Actively suicidal
2. Untreated or inadequately treated depression
3. Concomitant use of a MAOI (monoamine oxidase inhibitor) (must be >14 days post discontinuing therapy)
4. Concomitant use of reserpine (must be >20 days post discontinuing therapy)
5. Hepatic impairment
6. Dual therapy with other vesicular monoamine transporter 2 (VMAT2) inhibitors

Prior - Approval *Renewal* Limits

Same as above