

SPECIALTY GUIDELINE MANAGEMENT

AUSTEDO (deutetrabenazine) AUSTEDO XR (deutetrabenazine extended release)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

- A. Treatment of chorea associated with Huntington's disease in adults
- B. Treatment of tardive dyskinesia in adults

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review for initial requests:

- A. Tardive dyskinesia: Chart notes or medical record documentation of clinical manifestations of disease.
- B. Chorea associated with Huntington's disease: Chart notes or medical record documentation of characteristic motor examination features.

III. CRITERIA FOR INITIAL APPROVAL

A. Tardive dyskinesia

Authorization of 6 months may be granted for treatment of tardive dyskinesia when both of the following criteria are met:

- 1. Member exhibits clinical manifestations of disease.
- 2. Member's tardive dyskinesia has been assessed through clinical examination or with a structured evaluative tool (e.g., Abnormal Involuntary Movement Scale [AIMS], Dyskinesia Identification System: Condensed User Scale [DISCUS]).

B. Chorea associated with Huntington's disease

Authorization of 6 months may be granted for treatment of chorea associated with Huntington's disease when both of the following criteria are met:

- 1. Member demonstrates characteristic motor examination features.
- 2. Member meets one of the following conditions:
 - i. Laboratory results indicate an expanded *HTT* CAG repeat sequence of at least 36
 - ii. Member has a positive family history for Huntington's disease

IV. CONTINUATION OF THERAPY

Reference number(s)
1746-A

Authorization of 12 months may be granted for members with an indication listed in Section III who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

V. REFERENCES

1. Austedo [package insert]. Parsippany, NJ: Teva Neuroscience, Inc. May 2024.
2. Frank S, Testa CM, Stamler D, et al. Effect of deutetrabenazine on chorea among patients with Huntington disease: a randomized clinical trial. *JAMA*. 2016;316(1):40-50.
3. Fernandez HH, Factor SA, Hauser RA, et al. Randomized controlled trial of deutetrabenazine for tardive dyskinesia: the ARM-TD study. *Neurology*. 2017;88:2003-10.
4. Anderson KE, Stamler D, Davis MD, et al. Deutetrabenazine for treatment of involuntary movements in patients with tardive dyskinesia (AIM-TD): a double-blind, randomized, placebo-controlled, phase 3 trial. *Lancet Psychiatry*. 2017;4:595-604.
5. American Psychiatric Association. (2021). *Practice Guideline for the Treatment of Patients With Schizophrenia, third edition*. <https://doi.org/10.1176/appi.books.9780890424841>