

**Austedo (deutetrabenazine)
Effective 08/01/2021**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Deutetrabenazine is a vesicular monoamine transporter 2 (VMAT2) inhibitor for oral administration FDA indicated for Chorea associated with Huntington disease and Tardive dyskinesia.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Austedo, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

Chorea associated with Huntington disease

1. The member is ≥ 18 years of age
2. The member has had an inadequate response or adverse reaction to tetrabenazine

Tardive dyskinesia

1. The member is ≥ 18 years of age
2. The member experiences persistent and disabling, or intrusive Tardive dyskinesia

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member’s condition.

Limitations

1. Initial approvals will be granted for 3 months
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:



Austedo 6mg and 9mg	60 tablets per 30 days
Austedo 12mg	120 tablets per 30 days

References

1. Austedo (deutetrabenazine) [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc; May 2022.
2. Huntington Study Group, Frank S, Testa CM, et al. Effect of Deutetrabenazine on Chorea Among Patients with Huntington Disease: A Randomized Clinical Trial. JAMA 2016; 316:40v
3. Claassen DO, Carroll B, De Boer LM, et al. Indirect tolerability comparison of Deutetrabenazine and Tetrabenazine for Huntington disease. J Clin Mov Disord 2017; 4:3.
4. Fernandez HH, Stamler D, Davis MD, et al. Long-term safety and efficacy of deutetrabenazine for the treatment of tardive dyskinesia. J Neurol Neurosurg Psychiatry 2019; 90:1317
5. Ricciardi L, Pringsheim T, Barnes TRE, et al. Treatment Recommendations for Tardive Dyskinesia. Can J Psychiatry 2019; 64:388.

Review History

05/19/2021- Reviewed and Updated for May P&T; change from SGM to custom template; added required trial of tetrabenazine for Chorea to align with MH; added QL and approval durations to Limitations. Effective 08/01/2021.
09/21/2022- Reviewed P&T; references updated; Separated out MH vs. Comm/Exch

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