I. Medication Description

The precise mechanism by which deutetrabenazine exerts its effects in the treatment of tardive dyskinesia and chorea in patients with Huntington’s disease is unknown but is believed to be related to its effect as a reversible depletor of monoamines (such as dopamine, serotonin, norepinephrine, and histamine) from nerve terminals. The major circulating metabolites (αdihydrotetrabenazine [HTBZ] and β-HTBZ) of deutetrabenazine, are reversible inhibitors of VMAT2, resulting in decreased uptake of monoamines into synaptic vesicles and depletion of monoamine stores.

II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

III. Policy

Coverage of Austedo is available when the following conditions when criteria have been met:

- Chorea associated with Huntington’s disease:
  - Member is at least 18 years of age AND
  - Medication is prescribed by a neurologist.

- Tardive dyskinesia:
  - Member is at least 18 years of age AND
  - Medication is prescribed by a neurologist or psychiatrist AND
  - The initial request includes current progress notes or consultation report from a specialist detailing:
    - Diagnosis of moderate to severe tardive dyskinesia
    - Underlying condition (e.g. schizophrenia, schizoaffective disorder, or a mood disorder)
    - Documented causative agent (e.g. antipsychotic, antiemetic agent, etc) AND
  - Baseline Abnormal Involuntary Movement Scale (AIMS) score has been provided.
IV. **Quantity Limitations**

Coverage is available as follows:
- 6 mg tablets: 60 tablets per each 30 days
- 9 mg tablets: 120 tablets per each 30 days
- 12 mg tablets: 120 tablets per each 30 days

V. **Coverage Duration**

Initial coverage is available for 3 months and may be renewed.

VI. **Coverage Renewal Criteria**

Coverage can be renewed in up to 12-month periods based upon the following criteria:
- Stabilization of disease or in absence of disease progression AND
- Absence of unacceptable toxicity from the drug AND
- For the treatment of Tardive Dyskinesia only:
  - Submission of updated AIMS score documenting improvement or maintenance of response.

VII. **Billing/Coding Information**

Austedo is available as 6 mg, 9 mg, and 12 mg tablets.

VIII. **Summary of Policy Changes**

- 7/17: new policy (part of Abbreviated Criteria)
- 1/30/20: moved from Abbreviated Criteria to own policy; added tardive dyskinesia as new indication

IX. **References**


*The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.*

*The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.*