Pharmacy Policy Bulletin: J-0555 Austedo/Austedo XR (deutetrabenazine) – Commercial and Healthcare Reform	
Number: J-0555	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.):** **1.** Miscellaneous Specialty Drugs Oral = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0555-012	**Original Date:** 05/10/2017
Effective Date: 04/25/2025	**Review Date:** 04/09/2025

Drugs Product(s):	• Austedo (deutetrabenazine) • Austedo XR (deutetrabenazine, extended-release)
FDA-Approved Indication(s):	• Treatment of chorea associated with Huntington's disease (HD) in adults • Treatment of tardive dyskinesia (TD) in adults

Background:	• Austedo is an oral, self-administered vesicular monoamine transporter 2 (VMAT2) inhibitor. Inhibition of the VMAT2 transporter reduces the uptake of monoamines (such as dopamine, serotonin, norepinephrine, and histamine) to the synaptic vesicle from the cytoplasm, reducing the amount that is stored and released. • HD is an inherited, progressive disorder that causes degeneration of neurons in various regions of the brain, including the basal ganglia which can lead to uncontrolled movements (chorea). Chorea is the most common involuntary movement in Huntington's disease and is characterized by brief and abrupt movements that are irregular and unpredictable. HD has a broad impact on an individual's functional abilities and is also accompanied by other cognitive and behavioral/psychiatric disorders. The disease is caused by an autosomal dominant mutation in the Huntington gene, with inter-patient variability of the rate of disease progression and the age of onset. Symptoms typically appear between 30-50 years of age. • TD is a persistent movement disorder considered to be a side effect of drug treatment rather than an actual disease. The persistent movements are induced by dopamine receptor blockers, which include antipsychotics or neuroleptics (1st generation > 2nd generation), used for the treatment of mental and emotional disorders. Other offending agents include tricyclic antidepressants (e.g., amoxapine), antiemetics, and other medications used for gastrointestinal disorders (e.g., metoclopramide and promethazine). The movements are typically of the lips, tongue, and jaw, but can also involve the trunk, extremities or result in difficulty breathing.

	• Diagnosis of TD is difficult, as the symptoms manifest similarly to other movement disorders, and it may take months or years to develop – sometimes not until after the antipsychotic therapy has been stopped. Not everyone taking antipsychotics will develop TD, however, estimates suggest one-third of antipsychotic users will develop symptoms. • The 2019 International Guidelines for the Treatment of Huntington's Disease states that tetrabenazine is one of the first-line treatments for chorea (grade A) unless the patient suffers from not well-managed depression or suicidal thoughts. Second generation neuroleptics (grade B) are first-line treatments for chorea when the patient has associated personality and/or behavioral or psychotic disorders. Deutetrabenazine (grade A) may be proposed as an alternative to tetrabenazine in countries where it is available. • The 2021 American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Schizophrenia recommends (1B) that patients who have moderate to severe or disabling TD associated with antipsychotic therapy be treated with a reversible inhibitor of the VMAT2. These guidelines include the use of deutetrabenazine, tetrabenazine, and valbenazine. The guidelines have not been updated to include the extended-release formulation of deutetrabenazine (Austedo XR). The guidelines recommend examining factors such as half-life, associated depression, hepatic and renal function, and the different metabolism of each medication when choosing a medication. • Specific ICD10 codes pertaining to TD include G24.01 – drug induced subacute dyskinesia, G24.02 - drug induced acute dystonia and G24.09 - other drug induced dystonia. • Prescribing Considerations: o Austedo/Austedo XR carries a black box warning for increased risk of depression and suicidality in patients with HD. Use is contraindicated in those who are actively suicidal or with untreated or inadequately treated depression. o Austedo is contraindicated in patients taking monoamine oxidase inhibitors (MAOIs), reserpine, Xenazine (tetrabenazine), or Ingrezza (valbenazine). o Use of Austedo in patients with hepatic impairment is contraindicated. o Austedo should be avoided in combination with other drugs that are known to prolong QTc, in those with congenital long QT syndrome, and in patients with a history of cardiac arrhythmias due to the risk of QT prolongation. o Austedo should be prescribed by or under the supervision of a neurologist or a psychiatrist. o The safety and effectiveness of Austedo have not been established in pediatric patients. o The maximum daily dose of Austedo in patients receiving concomitant strong CYP2D6 inhibitors (quinidine, antidepressants such as paroxetine, fluoxetine, and bupropion) or in CYP2D6 poor metabolizers is 36 mg. o Austedo/Austedo XR should be swallowed whole. Austedo/Austedo XR should not be chewed, crushed, or broken. o The starting dose of Austedo/Austedo XR is 12 mg per day: Austedo 6 mg twice daily or Austedo XR 12 mg once daily. The dose is titrated at weekly increments of 6 mg per day, up to a maximum recommended daily dose of 48 mg. In patients receiving strong CYP2D6 inhibitors, the total daily dose of Austedo/Austedo XR should not exceed 36 mg.

	○ Administer Austedo total daily dosages of 12 mg or above in two divided doses. Administer Austedo XR in a once daily dose.

Approval Criteria

I. Initial Authorization

A. Chorea associated with Huntington's disease
When a benefit, coverage of Austedo/Austedo XR for Huntington's chorea may be approved when all of the following criteria are met **(1. and 2.)**:
1. The member is 18 years of age or older.
2. The member has a diagnosis of chorea associated with Huntington's disease. (ICD-10: G10)

B. Tardive Dyskinesia (TD)
When a benefit, coverage of Austedo/Austedo XR for TD may be approved when all of the following criteria are met **(1., 2., and 3.)**:
1. The member is 18 years of age or older.
2. The member has a diagnosis of TD. (ICD-10: G24.01, G24.02, G24.09)
3. The member meets one (1) of the following criteria **(a. or b.):**
a. The prescriber attests that the member continues to experience symptoms of TD despite dose reduction, tapering, or discontinuation of the offending medication(s).
b. The prescriber attests that dose reduction, tapering, or discontinuation of the offending medication(s) would not be appropriate.

II. Reauthorization
When a benefit, reauthorization of Austedo/Austedo XR may be approved when the following criterion is met **(A.)**:
A. The prescriber attests that the member has experienced positive clinical response to therapy.

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. The member should not be actively suicidal.
II. If the member has a diagnosis of depression, the prescriber attests the member is receiving adequate treatment (for example, cognitive behavioral therapy, pharmacotherapy).
III. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.
IV. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None

References:

1. Austedo/Austedo XR [package insert]. Parsippany, NJ: Teva Neuroscience, Inc.; July 2024.
2. Roongroj B, Fahn S, Weiner W, et al. Evidence-based guideline: Treatment of tardive syndromes. 2013;81(5).
3. Armstrong M, Miyasaki J, et al. Evidence-based guideline: Pharmacologic treatment of chorea in Huntington disease. 2012;79(6).
4. Huntington's Disease. International Parkinson's and Movement Disorder Society. Available at: https://www.movementdisorders.org/MDS-Files1/Education/Patient-Education/Huntingtons-Disease/pat-Handouts-Huntington-v5.pdf. Accessed January 30, 2025.
5. National Organization for Rare Disorders. Tardive Dyskinesia. Available at: https://rarediseases.org/rare-diseases/tardive-dyskinesia/. Accessed January 30, 2025.
6. Get to Know an Enzyme: CYP2D6. Pharmacy Times. Available at: https://www.pharmacytimes.com/publications/issue/2008/2008-07/2008-07-8624. Accessed January 30, 2025.
7. Bhidayasiri R, Jitkritsadakul O, Friedman JH, Fahn S. Updating the recommendations for treatment of tardive syndromes: A systematic review of new evidence and practical treatment algorithm. *J Neurol Sci*. 2018;389:67-75.
8. Bachoud-Lévi AC, Ferreira J, Massart R, et al. International Guidelines for the Treatment of Huntington's Disease. *Front Neurol*. 2019;10:710.
9. Keepers GA, Fochtmann LJ, Anzia JM, et al. The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. *Am J Psychiatry*. 2020;177(9):868-872.