

PHARMACY POLICY STATEMENT Indiana Medicaid

DRUG NAME	Austedo (deutetrabenazine)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Preferred Product) QUANTITY LIMIT – Up to 48 mg per day
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Austedo (deutetrabenazine) is a **preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

CHOREA ASSOCIATED WITH HUNTINGTON'S DISEASE

For **initial** authorization:

1. Member must be at least 18 years of age; AND
2. Member must have diagnosis of Huntington's disease with chorea symptoms; AND
3. Documented consultation on risks of suicidal ideation or behavior while on Austedo is submitted with member's chart notes (Austedo is contraindicated in patients who are suicidal, and in patients with untreated or inadequately treated depression); AND
4. Member's baseline Total Maximal Chorea Score (of the Unified Huntington's Disease Rating Scale (UHDRS)) is submitted with chart notes.
5. **Dosage allowed:** Starting dose of 6 mg once daily with weekly titration by 6 mg per day up to maximum dosage of 48 mg (24 mg twice daily).

If member meets all the requirements listed above, the medication will be approved for 3 months.

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Member must have documentation of improvement of Total Maximal Chorea Scores after week 12.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Austedo (deutetrabenazine) not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
06/16/2017	New policy for Austedo created.

References:

1. Austedo [package insert]. North Wales, PA; Teva Pharmaceuticals, Inc. April 2017.
2. Huntington Study group. Effect of deutetrabenazine on chorea among patients with huntington disease: a randomized clinical trial. JAMA. 2016; 316(1):40-50. doi: 10.1001/jama.2016.8655.



3. Claassen DO, Carroll B, De Boer LM, et al. Indirect tolerability comparison of deutetrabenazine and tetrabenazine for huntington disease. *J Clin Mov Dis* 2017(4):3. doi: 10.1186/s40734-017-0051-5.

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