STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Service
Prior Authorization Criteria

Austedo® (deutetrabenazine)

Prior Authorization Request Form

Effective 10/01/2017

AUSTEDO is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of adults with chorea associated with Huntington's disease and for the treatment of tardive dyskinesia in adults.

Initial Prior Authorization Criteria:

1. Patient must be at least 18 years of age; **AND**
2. Patient must have been evaluated and found not to be suicidal or have untreated/undertreated depression; **AND**
3. Patient must meet the following additional criteria per indication:

I. Treatment of Chorea associated with Huntington's Disease:

1. Request must come from the treating neurologist; **AND**
2. All previous therapies must be documented. Unless contraindicated, the patient must have documented 60-day trials of **amantadine** and **tetrabenazine**; **AND**
3. Patient must not be taking an MAOI (at least 14-days post-therapy), reserpine (must be >20 days post therapy) or any other concurrent VMAT 2 inhibitor.

Initial prior-authorization for this indication will be for 60 days.

Additional coverage requires clinical documentation indicating an improvement or stabilization of symptoms.

II. Treatment of Tardive Dyskinesia (TD):

1. Request must come from the treating neurologist or psychiatrist; **AND**
2. Patient must have a documented clinical diagnosis of tardive dyskinesia meeting DSM-V criteria including:
   a. Involuntary athetoid or choreiform movements

b. History of treatment with a dopamine receptor blocking agent (DRBA) such as an antipsychotic or metoclopramide
c. Symptom duration lasting at least 8 weeks

AND

3. Prescriber must submit the results of an Abnormal Involuntary Movement Scale (AIMS) exam; **AND**

4. Prescriber must submit documentation of all other therapies attempted. Unless contraindicated these therapies must include at least a **60-day trial each** of **clonazepam** and **amantadine**. Patients with documentation of a previous benzodiazepine dependency are not required to trial clonazepam; **AND**

5. Patient must not be taking an MAOI (at least 14-days post-therapy), reserpine (must be >20 days post therapy) or any other concurrent VMAT 2 inhibitor.

Initial prior-authorization for this indication will be for 60 days.

Additional coverage requires clinical documentation indicating significant improvement in symptoms. The results of a current AIMS score must be submitted with every request.

References

1.) Lexi-Comp drug monograph for Austedo (Reviewed 9/12/2017)
2.) Package insert for Austedo (last update 9/2017)
3.) Package insert for Xenazine (last update 6/2015)
4.) Abnormal Involuntary Movement Scale (AIMS) and Extrapyramidal Symptom Rating Scale (ESRS): cross-scale comparison in assessing tardive dyskinesia. Schizophr Res. 2005 Sep 15;77(2-3):119-28. Gharabawi GM[1], Bossie CA, Lasser RA, Turkoz I, Rodriguez S, Chouinard G.
5.) UpToDate Tardive Dyskinesia: Prevention and Treatment. Article last updated July 24, 2017
6.) American Academy of Neurology Evidence-based guideline: Treatment of tardive syndromes. July 29, 2013.
7.) American Academy of Neurology Evidence-based guideline: Pharmacologic treatment of chorea in Huntington disease. August 7, 2012.