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:**

- The patient must be within the age range as recommended by the FDA label; AND
- Patient must have been evaluated and found not to be suicidal or have untreated/undertreated depression; AND
- Patient must not be taking an MAOI (at least 14-days post-therapy), reserpine (must be >20 days post therapy) or any other concurrent VMAT2 inhibitor
- Prescriber must provide a brief description of the medical necessity of therapy by documenting all target symptoms and their impact on the patient’s function and activities of daily living; AND

The following indication-specific criteria also apply:

**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 along with their relative benefit. Unless contraindicated, the patient must have a documented 90-day trial of **amantadine** or **Xenazine** (tetrabenazine).

**II. Treatment of Tardive Dyskinesia (TD):**

1. Request must come from the treating neurologist **or** psychiatrist; **AND**
2. Patient must provide 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 with every request for prior authorization of Austedo; AND

4. Prescriber must submit documentation of all other therapies attempted and their associated benefit (including relevant AIMS scores).

*Initial prior-authorization will be for 90 days. Continuation of coverage requires clinically significant improvement in symptoms as compared to that seen using previous therapy.

References

1.) Lexi-Comp drug monograph for Austedo (Reviewed 9/11/2018)
2.) Package insert for Austedo (last update 8/2017)
3.) Package insert for Xenazine (last update 9/2017)
5.) UpToDate Tardive Dyskinesia: Prevention and Treatment. Article last updated July 24, 2017