Deutetrabenazine (Austedo)

Severe chorea associated with Huntington's disease

Coverage Criteria:

Reserved for patients meeting **all** of the following criteria:

1. Diagnosed with moderate to severe chorea associated with Huntington's disease; and,
2. The patient and/or guardian has attested that they will adhere to the treatment plan; and
3. When prescribed according to the FDA approved starting regimen of 6 mg daily and titrated to a maximum of 48 mg daily.

Prescriber Restriction: Prescribed by a Neurologist.

Other Criteria:
Patients receiving strong CYP2D6 inhibitors (e.g., quinidine, paroxetine, fluoxetine, bupropion) and patients who are poor CYP2D6 metabolizers will be approved up to 36 mg daily with documentation of metabolism status.

Coverage Duration:
Initial authorizations will be for 3 months.
Reauthorizations will be for 12 months.

Renewal Criteria:
Annual reauthorizations will require medical chart documentation that the patient has been seen within the past 14 months and documentation that the medication is effective.

Tardive Dyskinesia

Coverage Criteria:

Reserved for patients meeting **all** of the following criteria:

1. Diagnosed with tardive dyskinesia; and,
2. Clinical documentation of functional impairment due to moderate-to-severe tardive dyskinesia symptoms, which may include (but is not limited to), documentation of limitation of activities of daily living (ADLs), such as inability to feed oneself, frequent falls, or missing school or work; and,

3. There has been an inadequate response to at least one of the following treatment modalities, unless all are contraindicated, not tolerated, or are inappropriate in order to maintain stable psychiatric function:
    a. Switching from a first-generation neuroleptic to a second-generation neuroleptic; or,
    b. Discontinuation or dose modification of the offending medication; or,
4. A baseline AIMS is submitted; and,
5. The patient and/or guardian has attested that they will adhere to the treatment plan; and
6. When prescribed within the FDA approved dosing regimen.

Prescriber Restriction: Prescribed by a Psychiatrist or Neurologist.

Other Criteria:
Patients receiving strong CYP2D6 inhibitors (e.g., quinidine, paroxetine, fluoxetine, bupropion) and patients who are poor CYP2D6 metabolizers will be approved up to 36 mg daily with documentation of metabolism status.

Coverage Duration:

Initial authorizations will be for 3 months.
Reauthorizations will be for 12 months.

Renewal Criteria:

Renewals will be provided annually, for patients meeting the following criteria:

1. Medical chart documentation supports that the patient has been seen within the past 14 months; and
2. Documentation that the medication is effective. An AIMS score indicating a decrease of at least 3 points must be submitted. If an alternative scoring measure was submitted at baseline, the same scoring measure should be resubmitted and changes will be evaluated on a case by case basis for reauthorization.