Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

Austedo® (deutetrabenzaine) *TARDIVE DYSKINESIA* PA Criteria

Austedo is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of chorea associated with Huntington's disease and for the treatment of tardive dyskinesia in adults. *(Huntington's disease requests will be processed through Smart PA)*

Prescriber is, or has consulted with a neurologist or psychiatrist.

Initial Authorization: Approval duration: 12 weeks

☐ Yes ☐ No Patient must be within the age range as recommended by the FDA label;
AND

☐ Yes ☐ No Patient must have been evaluated and found not to be suicidal or have untreated/undertreated depression.
AND

☐ Yes ☐ No Provide chart documentation from consulting provider within the past year upon request:
- Evaluation by treating neurologist or psychiatrist;

Name:_____

- ***Requested tardive dyskinesia (TD) regimen:***

_____
AND

☐ Yes ☐ No MAO inhibitor (at least 14-days post therapy), reserpine (must be >20 days post therapy) or any other VMAT2 inhibitor is not being used with Austedo
AND

☐ Yes ☐ No Diagnosis of tardive dyskinesia (TD) meeting DSM-V criteria (must meet **ALL**):
- Involuntary athetoid or choreiform movements; ***AND***
- Documentation or claims history of current or former use of a dopamine receptor blocker agent (DRBA) (e.g., antipsychotic, metoclopramide, prochloperazine, droperidol, promethazine, etc.) ***AND***
- Symptom duration lasting at least 4-8 weeks

AND

☐ Yes ☐ No Prescriber must provide a brief description of:
- Medical necessity of therapy by documenting all target symptoms and their impact on the patient's function and activities of daily living;

AND *(Continued)*

- Comprehensive review of all the patient's current medications and TD risk mitigation strategies
  AND
- Baseline evaluation documentation of moderate to severe tardive dyskinesia, including the results of an Abnormal Involuntary Movement Scale (AIMS).

<u>Reauthorization criteria:</u> Approval duration: 52 weeks

☐ Yes ☐ No **Continues to meet criteria defined for initial approval;**
AND
☐ Yes ☐ No **Prescriber must submit a brief description of:**

- **Chart documentation of a positive clinical response from baseline evaluation of moderate to severe TD**
  AND
- Current AIMS assessment rating evaluation form score that should show at a minimum a 1 point reduction from baseline in at least one of the 1-7 domain areas scored as moderate to severe.

See Package Insert for specific details on Contraindications/Warnings/Precautions

Dosing

- The dosing of Austedo is determined individually for each patient based on reduction of tardive dyskinesia and tolerability. When first prescribed to patients who are not being switched from tetrabenazine (a related VMAT2 inhibitor), the recommended starting dose of Austedo is 12 mg per day (6 mg twice daily) for patients with tardive dyskinesia.
- The dose of Austedo may be increased at weekly intervals in increments of 6 mg per day to a maximum recommended daily dosage of 48 mg.
- Administer total daily dosages of 12 mg or above in two divided doses.
- Administer Austedo with food.
- For patients at risk for QT prolongation, assess the QT interval before and after increasing total Austedo dosage above 24 mg per day.
- See package insert for regimen when switching from tetrabenazine to Austedo *<u>OR</u>* for dose modifications – see Package Insert for specific dose adjustment recommendation due to drug interactions.

How Supplied: Bottles of 60 tablets - 6 mg, or 9 mg, or 12 mg