

<b>Clinical Policy Title:</b>	deutetrabenazine
<b>Policy Number:</b>	RxA.349
<b>Drug(s) Applied:</b>	Austedo®, Austedo® XR
<b>Original Policy Date:</b>	03/06/2020
<b>Last Review Date:</b>	10/19/2023
<b>Line of Business Policy Applies to:</b>	All lines of business(except Medicare)

## Criteria

### I. Initial Approval Criteria

#### A. Huntington's Disease (must meet all):

1. Diagnosis of chorea associated with Huntington's disease;
2. Prescribed by or in consultation with a neurologist;
3. Age ≥ 18 years;
4. Trial and failure of tetrabenazine at up to 100 mg/day, unless contraindicated or clinically significant adverse effects are experienced;
5. At the time of request, reserpine, MAOIs, tetrabenazine, or valbenazine is not prescribed concurrently;
6. Dose does not exceed 48 mg/day.

#### Approval duration

**Commercial:** 6 months

**Medicaid:** 6 months

#### B. Tardive Dyskinesia (must meet all):

1. Diagnosis of tardive dyskinesia secondary to a centrally acting dopamine receptor blocking agent (DRBA);
2. Prescribed by or in consultation with a psychiatrist or a neurologist;
3. Age ≥ 18 years;
4. At the time of request, reserpine, MAOIs, tetrabenazine, or valbenazine is not prescribed concurrently;
5. Dose does not exceed 48 mg/day.

#### Approval duration

**Commercial:** 6 months

**Medicaid:** 6 months

### II. Continued Therapy Approval

#### A. All Indications in Section I (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. Reserpine, MAOIs, tetrabenazine or valbenazine is not prescribed concomitantly;
4. If request is for a dose increase, new dose does not exceed 48 mg/day.

#### Approval duration

**Commercial:** 12 months

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

**Medicaid:** 12 months

**References**

1. Claassen DO, Carroll B, De Boer LM, et al. Indirect tolerability comparison of Deutetrabenazine and Tetrabenazine for Huntington disease. J Clin Mov Disord. 2017;4:3. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5331691/>. Accessed March 28, 2023.
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. DSM-5-TR. American Psychiatric Association Publishing; 2022. Available at: <https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425787>. Accessed March 28, 2023.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: <ol style="list-style-type: none"> <li>1. Policy title table was updated.</li> <li>2. Continued therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance...".</li> <li>3. Age symbols and approval duration was updated in initial and continued therapy approval.</li> <li>4. Updating initial and continued therapy approval criteria to include avoidance of concurrent reserpine and MAOI therapy.</li> <li>5. QD was updated to "once daily" in document.</li> <li>6. References were updated.</li> </ol>	08/26/2020	09/14/2020
Policy was reviewed. <ol style="list-style-type: none"> <li>1. Initial Therapy Criteria and Continued Therapy Criteria have been updated to remove approval duration for HIM.</li> <li>2. References were reviewed and updated.</li> </ol>	06/01/2021	09/14/2021
Policy was reviewed: <ol style="list-style-type: none"> <li>1. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...".</li> <li>2. References were reviewed and updated.</li> </ol>	03/16/2022	07/18/2022
Policy was reviewed. <ol style="list-style-type: none"> <li>1. References were reviewed and updated.</li> </ol>	03/28/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023

