



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 25, 2018

## **AUSTEDO® (deutetrabenazine)**

**LENGTH OF AUTHORIZATION:** 6 months

### **REVIEW CRITERIA:**

#### **Initial Therapy**

- Patient must be  $\geq 18$  years old.
- Must have a diagnosis of Huntington's disease (Huntington's chorea) or Tardive Dyskinesia.
- Progress notes or medical records do not demonstrate hepatic disease, active suicidal ideation or untreated or inadequately treated depression.

#### **Continuation of Therapy**

- Documentation of improvement or effectiveness of therapy.

### **DOSING AND ADMINISTRATION:**

Huntington's disease (Huntington's chorea): 6mg orally once daily, increase the dosage at weekly intervals by 6mg/day to a maximum total daily dose of 48mg. If total daily dosage is 12mg or more, administer in 2 divided doses.

Tardive Dyskinesia: 6mg orally twice daily, increase the dosage at weekly intervals of 6mg/day to a maximum total daily dose of 48mg. If total daily dosage is 12mg or more, administer in 2 divided doses.

**Dosage Form:** 6mg, 9mg and 12mg tablets