

<b>POLICY NAME</b>	Austedo (deutetrabenazine)	<b>POLICY #</b>	2590P
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## Criteria

### Coverage Criteria for Huntington's Disease

- ☐ 1.1 Diagnosis of chorea, or movement disorder, associated with Huntington's Disease
- ☐ 1.2 Ordered by a neurologist (central nervous system doctor)
- ☐ 1.3 Age 18 years or older
- ☐ 1.4 Documented inadequate treatment response, intolerance, or contraindication to tetrabenazine

### Coverage Criteria for Tardive Dyskinesia

- ☐ 2.1 Documented diagnosis of tardive dyskinesia and score of  $\geq 10$  on the Abnormal Involuntary Movement Scale (AIMS) or  $\geq 20$  on the Extrapyramidal Symptom Rating Scale (ESRI)
- ☐ 2.2 Ordered by a neurologist (central nervous system doctor) or psychiatrist (doctor who specializes in mental health)
- ☐ 2.3 Age 18 or older
- ☐ 2.4 Documented inadequate treatment response, intolerance, or contraindication to TWO of the following:
  - Clonazepam
  - Benztropine
  - Second generation antipsychotic (such as clozapine, quetiapine)
  - Tetrabenazine