

deutetrabenazine (AUSTEDO)

Diagnoses Considered for Coverage:

- Chorea associated with Huntington's disease (Huntington's chorea)
- Tardive dyskinesia

Coverage Criteria:

1. For Huntington's chorea:

- Dose does not exceed 48 mg per day, **and**
- Prescribed by or in consultation with a neurologist.

2. For Tardive dyskinesia:

- Dose does not exceed 48 mg per day, **and**
- Prescribed by or in consultation with a neurologist or psychiatrist.

Coverage Duration: one year

Effective Date: 5/31/2023