Non-formulary **deutetrabenazine (Austedo®)** will be covered on the prescription drug benefit when the following criteria are met:

**Tardive Dyskinesia:**
- Prescriber is a Neurologist or Psychiatrist
  - AND -
- Patient has history of antipsychotic medication or metoclopramide use
  - AND -
- Tardive dyskinesia has been present for at least 3 months
  - AND -
- Abnormal movements are rated as moderate or severe indicated by either:
  - Abnormal Involuntary Movement Scale [AIMS] score ≥10 **OR**
  - Severity noted to be “moderate” or “severe” by prescriber **OR**
  - AIMS item 8 score of 3 or 4
  - AND -
- Intolerance to, or treatment failure of, a benzodiazepine prescribed for TD
  - AND -
- Deutetrabenazine is **NOT** being used concurrently with another vesicular monoamine transporter 2 (VMAT2) inhibitor, a monoamine oxidase inhibitor (MAOI), or reserpine.
  - OR -
- Dose Change Only: Patient previously met criteria and is already taking the drug.

**Chorea associated with Huntington’s disease:**
- Prescriber is a Neurologist
  - AND -
- Patient has documented choreiform movements secondary to Huntington’s disease that cause impairment to daily activities
  - AND -
- Patient has documented contraindication, intolerance or treatment failure to tetrabenazine
  - AND -
- Deutetrabenazine is **NOT** being used concurrently with another vesicular monoamine transporter 2 (VMAT2) inhibitor, a monoamine oxidase inhibitor (MAOI), or reserpine.
  - OR -
- Dose Change Only: Patient previously met criteria and is already taking the drug.