

Easy to start and stay on one pill, once-daily AUSTEDO XR^{1,2}

INDICATIONS AND USAGE

AUSTEDO XR[®] and AUSTEDO[®] are indicated in adults for the treatment of chorea associated with Huntington's disease (HD) and for the treatment of tardive dyskinesia (TD).

IMPORTANT SAFETY INFORMATION

Depression and Suicidality in Patients with Huntington's Disease: AUSTEDO XR and AUSTEDO can increase the risk of depression and suicidal thoughts and behavior (suicidality) in patients with Huntington's disease. Balance the risks of depression and suicidality with the clinical need for treatment of chorea. Closely monitor patients for the emergence or worsening of depression, suicidality, or unusual changes in behavior. Inform patients, their caregivers, and families of the risk of depression and suicidality and instruct them to report behaviors of concern promptly to the treating physician. Exercise caution when treating patients with a history of depression or prior suicide attempts or ideation. AUSTEDO XR and AUSTEDO are contraindicated in patients who are suicidal, and in patients with untreated or inadequately treated depression.

Please see additional Important Safety Information throughout and [click here](http://www.AUSTEDOhcp.com) to visit www.AUSTEDOhcp.com to read/print the full Prescribing Information, including Boxed Warning, for AUSTEDO XR.



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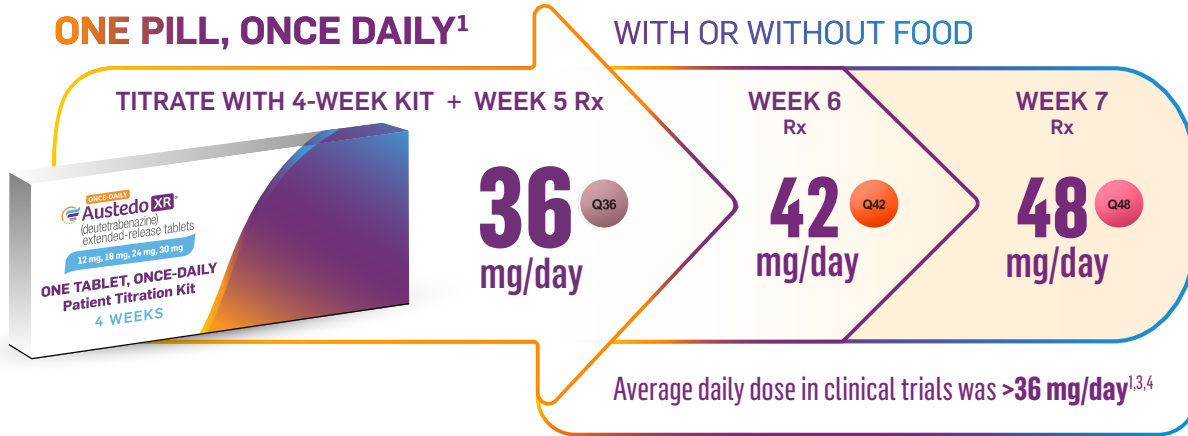
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Teva Total Support[™] 

ONCE-DAILY
Austedo XR[®]
 (deutetrabenazine)
 extended-release
 6 mg, 12 mg, 18 mg, 24 mg, 30 mg,
 36 mg, 42 mg, and 48 mg tablets

Starting new patients on one pill, once-daily AUSTEDO XR

Simple start: 4-week Titration Kit + 36 mg/day Rx



Billing codes

ICD-10-CM Diagnosis Codes: G24.01 tardive dyskinesia (TD), G10 Huntington's chorea

AUSTEDO XR Dosage	10-digit NDC	11-digit NDC	AUSTEDO BID Dosage	10-digit NDC	11-digit NDC
12 mg (Q12)	68546-471-56	68546-0471-56	6 mg (SD 6)	68546-170-60	68546-0170-60
18 mg (Q18)	68546-479-56	68546-0479-56	9 mg (SD 9)	68546-171-60	68546-0171-60
24 mg (Q24)	68546-472-56	68546-0472-56	12 mg (SD 12)	68546-172-60	68546-0172-60
30 mg (Q30)	68546-473-56	68546-0473-56	4-week Titration Kit	10-digit NDC	11-digit NDC
36 mg (Q36)	68546-474-56	68546-0474-56	4-week Titration Kit	68546-477-29	68546-0477-29
42 mg (Q42)	68546-475-56	68546-0475-56	Assessment	CPT code	
48 mg (Q48)	68546-476-56	68546-0476-56	AIMS assessment	96127	

Image shown is not actual 4-week Titration Kit. Tablets not shown at actual size.

IMPORTANT SAFETY INFORMATION (Continued)

Contraindications: AUSTEDO XR and AUSTEDO are contraindicated in patients with Huntington's disease who are suicidal, or have untreated or inadequately treated depression. AUSTEDO XR and AUSTEDO are also contraindicated in: patients with hepatic impairment; patients taking reserpine or within 20 days of discontinuing reserpine; patients taking monoamine oxidase inhibitors (MAOIs), or within 14 days of discontinuing MAOI therapy; and patients taking tetrabenazine or valbenazine.











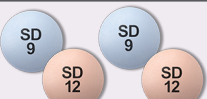



Please see additional Important Safety Information throughout and [click here](http://www.AUSTEDOhcp.com) to visit www.AUSTEDOhcp.com to read/print the full Prescribing Information, including Boxed Warning, for AUSTEDO XR.



Switching patients to one pill, once-daily AUSTEDO XR

Switch from AUSTEDO BID to AUSTEDO XR at same total daily dose (at next fill).¹

Quick Reference Guide: Weekly Titration for AUSTEDO BID and AUSTEDO XR¹

Week	AUSTEDO BID Dose/Pill Count	AUSTEDO XR Dose/Pill Count
1	6 mg BID (14 tablets total) 	12 mg once daily (7 tablets total) 
2	9 mg BID (14 tablets total) 	18 mg once daily (7 tablets total) 
3	12 mg BID (14 tablets total) 	24 mg once daily (7 tablets total) 
4	15 mg BID (28 tablets total) 	30 mg once daily (7 tablets total) 
5	18 mg BID (28 tablets total) 	36 mg once daily (7 tablets total) 
6	21 mg BID (28 tablets total) 	42 mg once daily (7 tablets total) 
7	24 mg BID (28 tablets total) 	48 mg once daily (7 tablets total) 

This chart follows the standard titration schedule for AUSTEDO and AUSTEDO XR. Not all patients will follow the same schedule, so be sure to confirm patients' current dose with their providers.

Tablets not shown at actual size.

For patients with Huntington's disease (HD) chorea: [Click here](#) to learn about switching overnight from tetrabenazine to AUSTEDO XR at ~50% of daily tetrabenazine dose¹

IMPORTANT SAFETY INFORMATION (Continued)

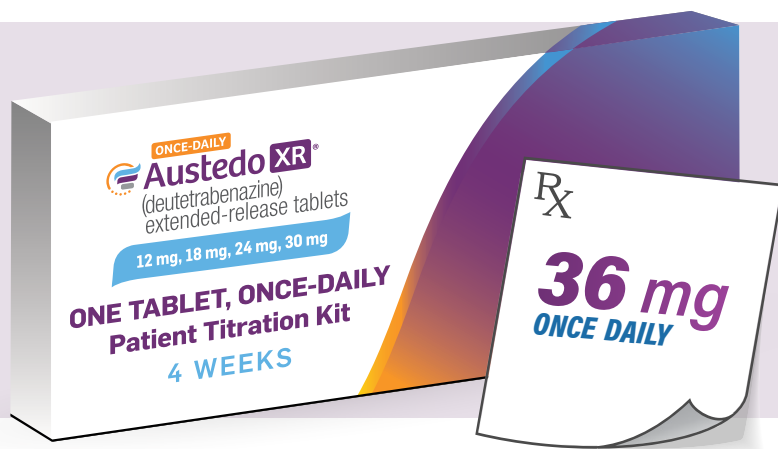
Clinical Worsening and Adverse Events in Patients with Huntington's Disease: AUSTEDO XR and AUSTEDO may cause a worsening in mood, cognition, rigidity, and functional capacity. Prescribers should periodically re-evaluate the need for AUSTEDO XR or AUSTEDO in their patients by assessing the effect on chorea and possible adverse effects.

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ONCE-DAILY
Austedo XR[®]
 (deutetrabenazine)
 extended-release
 6 mg, 12 mg, 18 mg, 24 mg, 30 mg,
 36 mg, 42 mg, and 48 mg tablets

New patients may obtain the 4-week Kit through sample

The 4-week Kit helps patients start and stay on track^{1,2}



Week 1: 12 mg once daily

Week 2: 18 mg once daily

Week 3: 24 mg once daily

Week 4: 30 mg once daily

Provide 36 mg/day Rx for Week 5.

Continue titrating weekly until symptom control is effectively and tolerably achieved (48 mg/day maximum dosage).¹

	10-digit NDC	11-digit NDC
4-week Titration Kit	68546-477-29	68546-0477-29

Some patients may not complete the full 4-week Titration Kit.

See [page 3](#) for complete AUSTEDO XR titration schedule.

Image shown is not actual 4-week Titration Kit.

Ask your Sales Rep for samples. Notify pharmacy if patient has been sampled.

IMPORTANT SAFETY INFORMATION (Continued)

QTc Prolongation: AUSTEDO XR and AUSTEDO may prolong the QT interval, but the degree of QT prolongation is not clinically significant when AUSTEDO XR or AUSTEDO is administered within the recommended dosage range. AUSTEDO XR and AUSTEDO should be avoided in patients with congenital long QT syndrome and in patients with a history of cardiac arrhythmias.

Please see additional Important Safety Information throughout and [click here](#) to visit www.AUSTEDOhcp.com to read/print the full Prescribing Information, including Boxed Warning, for AUSTEDO XR.



ONCE-DAILY
Austedo XR[®]
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extended-release
6 mg, 12 mg, 18 mg, 24 mg, 30 mg,
36 mg, 42 mg, and 48 mg tablets

New, non-sampled patients obtain the 4-week Kit through prescription

When sampling is not permitted, 4-week Kits are available through prescription at no cost with the 30-day Free Trial Voucher*:



- Providers will submit a prescription for the 4-week Kit (NDC: 68546-0477-29)
- The pharmacy should:
 - Redeem the 30-day Free Trial Voucher and dispense the 4-week Kit at no cost to the patient
 - Request a PA so patient can continue treatment after 30-day Free Trial Voucher use

[Click here](#) to access the 30-day Free Trial Voucher, or visit AUSTEDOcardform.com.
For questions or assistance, please call 1-844-308-5110

Additional dosing and administration information¹

- Administer AUSTEDO XR in once-daily doses
- Administer AUSTEDO XR with or without food
- Swallow AUSTEDO XR whole. Do not chew, crush, or break tablets

PA, prior authorization.

Image shown is not actual 4-week Titration Kit.

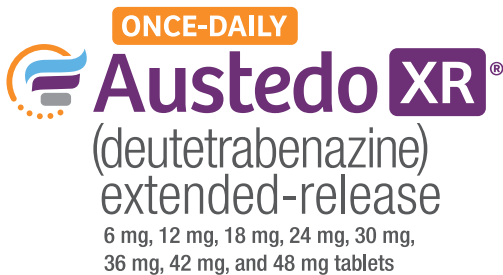
*Certain restrictions apply. Terms and conditions on AUSTEDOcardform.com.

IMPORTANT SAFETY INFORMATION (Continued)

Neuroleptic Malignant Syndrome (NMS), a potentially fatal symptom complex reported in association with drugs that reduce dopaminergic transmission, has been observed in patients receiving tetrabenazine. The risk may be increased by concomitant use of dopamine antagonists or antipsychotics. The management of NMS should include immediate discontinuation of AUSTEDO XR and AUSTEDO; intensive symptomatic treatment and medical monitoring; and treatment of any concomitant serious medical problems.

Please see additional Important Safety Information throughout and [click here](#) to visit www.AUSTEDOhcp.com to read/print the full Prescribing Information, including Boxed Warning, for AUSTEDO XR.





Initiating a PA for your patients starting AUSTEDO XR

More than 900,000 providers use CoverMyMeds® to submit PA requests to health plans

Start a PA through CoverMyMeds

- 1 Log in to your account or create one at CoverMyMeds.com. Search "AUSTEDO XR" and dose
- 2 Click "Start PA" to create a PA request:
 - Select treatment option
 - Complete all PA fields
 - Upload any additional documentation
- 3 Submit PA request (regularly check dashboard for updates)

To improve processing time for PAs, remember to obtain a copy of the patient's pharmacy benefits card (front and back).

Need help getting started? Chat with CoverMyMeds at [CoverMyMeds.com](https://www.covermymeds.com), or call 1-866-452-5017

CoverMyMeds is a registered trademark of CoverMyMeds LLC.

IMPORTANT SAFETY INFORMATION (Continued)

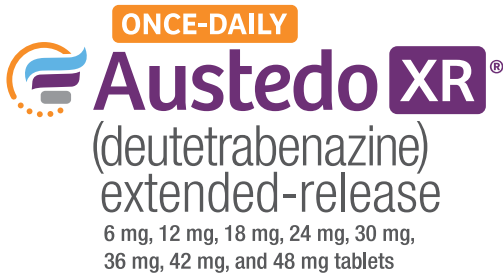
Akathisia, Agitation, and Restlessness: AUSTEDO XR and AUSTEDO may increase the risk of akathisia, agitation, and restlessness. The risk of akathisia may be increased by concomitant use of dopamine antagonists or antipsychotics. If a patient develops akathisia, the AUSTEDO XR or AUSTEDO dose should be reduced; some patients may require discontinuation of therapy.

Parkinsonism: AUSTEDO XR and AUSTEDO may cause parkinsonism in patients with Huntington's disease or tardive dyskinesia. Parkinsonism has also been observed with other VMAT2 inhibitors. The risk of parkinsonism may be increased by concomitant use of dopamine antagonists or antipsychotics. If a patient develops parkinsonism, the AUSTEDO XR or AUSTEDO dose should be reduced; some patients may require discontinuation of therapy.

Sedation and Somnolence: Sedation is a common dose-limiting adverse reaction of AUSTEDO XR and AUSTEDO. Patients should not perform activities requiring mental alertness, such as operating a motor vehicle or hazardous machinery, until they are on a maintenance dose of AUSTEDO XR or AUSTEDO and know how the drug affects them. Concomitant use of alcohol or other sedating drugs may have additive effects and worsen sedation and somnolence.

Please see additional Important Safety Information throughout and [click here](https://www.austedohcp.com) to visit [www.AUSTEDOhcp.com](https://www.austedohcp.com) to read/print the full Prescribing Information, including Boxed Warning, for AUSTEDO XR.





Access & Reimbursement Managers (ARMs) are available throughout the PA process

ARMs can assist with:

- Education about PA process (including CoverMyMeds® portal)
- Information on affordability programs, payer coverage, and reimbursement
- Education on Teva **Total Support™** and other patient support

[Click here](#) to request a visit from your local ARM, or ask your Teva Sales Representative to connect you

If the health plan requires a letter of medical necessity or when AUSTEDO XR is not on formulary:



ACEHOUND™ can simplify the creation of letters of medical necessity and appeals

- Simple-to-use, customized templates
- Data secure and HIPAA compliant
- **Can be used with any EMR platform**

Sign up for ACEHOUND at [Acehound.com/teva](https://acehound.com/teva) or visit [AUSTEDOhcp.com/resources](https://austedohcp.com/resources) to access the AUSTEDO XR Letter of Medical Necessity and Appeals Letter templates

EMR, electronic medical record; HIPAA, Health Insurance Portability and Accountability Act.

CoverMyMeds is a registered trademark of CoverMyMeds LLC.

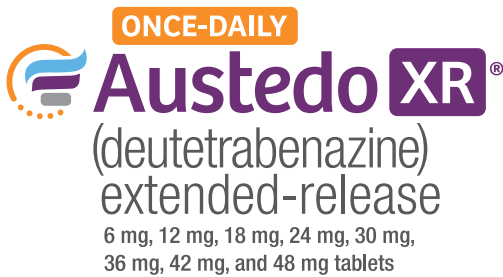
IMPORTANT SAFETY INFORMATION (Continued)

Hyperprolactinemia: Tetrabenazine elevates serum prolactin concentrations in humans. If there is a clinical suspicion of symptomatic hyperprolactinemia, appropriate laboratory testing should be done and consideration should be given to discontinuation of AUSTEDO XR and AUSTEDO.

Binding to Melanin-Containing Tissues: Deutetrabenazine or its metabolites bind to melanin-containing tissues and could accumulate in these tissues over time. Prescribers should be aware of the possibility of long-term ophthalmologic effects.

Please see additional Important Safety Information throughout and [click here](#) to visit [www.AUSTEDOhcp.com](https://www.austedohcp.com) to read/print the full Prescribing Information, including Boxed Warning, for AUSTEDO XR.





Comprehensive support to get patients started

Teva **Total Support™** helps you and your office overcome treatment barriers that may stop your patients from getting the medication they need

teva Total Support™

Access

- Help navigating insurance coverage and financial assistance offerings
- Proactive support throughout the PA process from resources like CoverMyMeds®, ACEHOUND™, and more

Affordability

- 93% of patients pay \$10 or less^{2*}
- Access for patients with insurance coverage (commercial, Medicare Part D, and Medicaid) and assistance for uninsured or underinsured patients (Patient Assistance Program)

Adherence²

- On-demand services to help patients navigate their unique treatment journeys
- Dedicated nurse support, as well as tools and resources to help manage treatment

Enrolling in Teva Total Support

You can enroll patients starting on AUSTEDO XR via the CoverMyMeds portal or by using the Enrollment Form available at [AUSTEDOhcp.com/resources](https://www.austedohcp.com/resources) (patient authorization required).

To speak to a representative at Teva **Total Support**, call 1-800-887-8100. If treating patients with HD chorea, dial 3 for the HD chorea dedicated line.

Patients can self-enroll at [AUSTEDOXRsupport.com](https://www.austedoxrsupport.com)

CoverMyMeds is a registered trademark of CoverMyMeds LLC.

*Time period: 01/2025 through 09/2025.²

Please see additional Important Safety Information throughout and [click here](https://www.austedohcp.com) to visit [www.AUSTEDOhcp.com](https://www.austedohcp.com) to read/print the full Prescribing Information, including Boxed Warning, for AUSTEDO XR.



93% of patients pay \$10 or less^{2*}



For eligible patients with commercial insurance: Copay Card[†]

- Patients may pay as little as \$0 per month for AUSTEDO XR. Additional information available at [AUSTEDOcardform.com](https://www.austedo.com/AUSTEDOcardform.com).



For patients with Medicare Part D: Extra Help/Low-Income Subsidy (LIS)

- Patients who qualify for and utilize Extra Help/LIS pay no more than \$12.65 per month for AUSTEDO XR⁵



For uninsured or underinsured patients: Patient Assistance Program (PAP)

- For patients who are uninsured or unable to afford AUSTEDO XR/AUSTEDO, the Teva Cares Foundation may be able to help
- Teva Cares is an independent, non-profit program that provides AUSTEDO XR/AUSTEDO at no cost to eligible patients[‡]

To learn more, visit [TevaCares.org](https://www.tevacares.org) or call 1-877-237-4881.

[Click here](#) to learn how these resources may help your patients access AUSTEDO XR

*Time period: 01/2025 through 09/2025.²

[†]Terms and conditions apply. Patients must self-enroll at [AUSTEDOXRsupport.com](https://www.austedo.com/AUSTEDOXRsupport.com). Visit [AUSTEDOcardform.com](https://www.austedo.com/AUSTEDOcardform.com) to send a link to patients with more information.

[‡]Patient must reside in the United States, meet insurance and income requirements, and have a valid prescription.

IMPORTANT SAFETY INFORMATION (Continued)

Common Adverse Reactions: The most common adverse reactions for AUSTEDO (>8% and greater than placebo) in a controlled clinical study in patients with Huntington's disease were somnolence, diarrhea, dry mouth, and fatigue. The most common adverse reactions for AUSTEDO (4% and greater than placebo) in controlled clinical studies in patients with tardive dyskinesia were nasopharyngitis and insomnia. Adverse reactions with AUSTEDO XR extended-release tablets are expected to be similar to AUSTEDO tablets.

Please see additional Important Safety Information throughout and [click here](#) to visit [www.AUSTEDOhcp.com](https://www.austedo.com) to read/print the full Prescribing Information, including Boxed Warning, for AUSTEDO XR.

REFERENCES: **1.** AUSTEDO XR[®] (deutetrabenazine) extended-release tablets and AUSTEDO[®] current Prescribing Information. Parsippany, NJ: Teva Neuroscience, Inc. **2.** Data on file. Parsippany, NJ: Teva Neuroscience, Inc. **3.** Frank S, Testa C, Edmondson MC, et al. The safety of deutetrabenazine for chorea in Huntington disease: an open-label extension study. *CNS Drugs*. 2022;36(11):1207-1216. **4.** Hauser RA, Barkay H, Fernandez HH, et al. Long-term deutetrabenazine treatment for tardive dyskinesia is associated with sustained benefits and safety: a 3-year, open-label extension study. *Front Neurol*. 2022;13:773999. **5.** Medicare. Help with drug costs. Accessed June 24, 2025. <https://www.medicare.gov/basics/costs/help/drug-costs>