Austedo™ (deutetrabenazine) – New orphan drug approval

- On April 3, 2017 Teva announced the FDA approval of Austedo (deutetrabenazine) for the treatment of chorea associated with Huntington's disease (HD).

- HD is a rare and fatal neurodegenerative disorder that affects more than 35,000 people in the U.S. Chorea describes the involuntary, random and sudden, twisting and/or writhing movements associated with HD, which occurs in approximately 90% of patients.

- Austedo is a vesicular monoamine transporter 2 (VMAT2) inhibitor that exerts its anti-chorea effects by depleting monoamines (eg, dopamine, serotonin, norepinephrine, and histamine) from nerve terminals.

- Austedo is the second FDA approved drug for the treatment for HD. Xenazine® (tetrabenazine), another VMAT2 inhibitor, was approved in 2008 and was the first drug approved for the treatment for chorea associated with HD. Xenazine is available generically.

- The efficacy and safety of Austedo were based on data from a 12 week, placebo-controlled clinical study of 90 patients with HD. The primary efficacy endpoint was change from baseline in chorea symptoms as measured by the Total Maximal Chorea (TMC) score.

    — The TMC score for patients receiving Austedo decreased by -4.4 units from baseline to the maintenance period (average of week 9 and week 12), vs. -1.9 units with placebo ($p < 0.0001$).
    — Fifty-one percent of patients treated with Austedo rated their overall HD symptoms as "much improved" or "very much improved" at the end of treatment vs. 20% of placebo-treated patients.

- Austedo carries a boxed warning for depression and suicidality.

- Austedo is contraindicated in patients who are suicidal, or in patients with untreated or inadequately treated depression; patients with hepatic impairment; and in patients taking monoamine oxidase inhibitors, reserpine, or Xenazine.

- Other warnings and precautions of Austedo include clinical worsening and adverse events; neuroleptic malignant syndrome; akathisia, agitation, and restlessness; Parkinsonism; sedation and somnolence; QTc prolongation; hyperprolactinemia; and binding to melanin-containing tissues.

- The most common adverse reactions (> 8% of Austedo-treated patients and greater than placebo) with Austedo use were somnolence, diarrhea, dry mouth, and fatigue.

- The dose of Austedo is determined individually for each patient based on reduction of chorea and tolerability. When prescribed to patients who are not being switched from Xenazine, the recommended starting dose of Austedo is 6 mg administered orally once daily.

    — The dose of Austedo may be increased at weekly intervals in increments of 6 mg per day to a maximum recommended daily dosage of 48 mg.
    — Total daily doses of ≥ 12 mg should be administered in two divided doses.
    — Refer to the Austedo drug label for specific instructions on how to switch patients from Xenazine to Austedo.

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- Teva offers a free service (Shared Solutions®) to provide support to patients starting or taking Austedo. Resources include nursing support, disease education, and financial assistance programs.

- Teva plans to launch Austedo as 6 mg, 9 mg and 12 mg tablets within the next 3 weeks.