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

- The maximum copay assistance for the AUSTEDO Savings Program for 2026 is $10,600. This benefit is available until 12/31/2026.
- Copay assistance will not exceed the patient's maximum yearly out-of-pocket responsibility by their insurance provider.

Please see the Medication Guide for AUSTEDO XR.

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