Movement Disorder Agents

WA.PHAR.51 Movement Disorder Agents

Background:

Huntington's disease is a genetic, progressive, neurodegenerative disorder clinically characterized by a triad of motor, cognitive and psychiatric symptoms. Motor features include involuntary jerking or writhing movements (chorea) and voluntary movements; reduced manual dexterity, slurred speech, swallowing difficulties, balance problems and falls. Signs and symptoms develop in their 30s or 40s for most people but the disease may emerge earlier or later in life.

Tardive dyskinesia is a neurological disorder caused by the long-term use of neuroleptic drugs, or anti-psychotic medications that result in involuntary, repetitive body movements. The symptoms may include grimacing, sticking out the tongue, smacking of the lips, rapid jerking movements or slow writhing movements.

Medical necessity

Drug	Medical Necessity
deutetrabenzine (AUSTEDO™) tetrabenazine (XENAZINE®)	deutetrabenzine and tetrabenazine may be considered medically necessary for the diagnosis of chorea associated with Huntington's disease or tardive dyskinesia.
valbenazine (INGREZZA®)	Valbenazine may be considered medically necessary for the diagnosis of tardive dyskinesia

Clinical policy:

Drug	Clinical Criteria (Initial Approval)
deutetrabenzine (AUSTEDO™) tetrabenazine (XENAZINE®)	1. Diagnosis of **ONE** of the following: a. Chorea associated with Huntington's disease b. Tardive dyskinesia 2. Greater than or equal to (≥) 18 years of age 3. Not used in combination with another vesicular monoamine transporter 2 (VMAT2) -inhibitor (e.g. tetrabenazine, deutetrabenazine, valbenazine) 4. **NONE** of the following: a. Hepatic impairment b. Concurrent use or recent discontinuation of MAOIs or reserpine 5. Prescribed by or in consultation with a psychiatrist or neurologist 6. For deutetrabenzine only (please note that documentation of trial and failure of tetrabenazine must be provided prior to approval of deutetrabenzine. Dates of therapy and clinical rational for failure of tetrabenazine must be included):

	a. Less than or equal to (≤) 48mg per day 7. For tetrabenazine only a. **ONE** of the following dose limits: i. Diagnosis of Chorea associated with Huntington's disease less than or equal to (≤) 50mg per day 1) For doses, greater than 50mg per day genotyping for CYP2D6 is required to determine if client is an intermediate or extensive metabolizer. ii. Diagnosis of tardive dyskinesia less than or equal to (≤) 200mg per day **Approve for 12 months**
valbenazine (INGREZZA®)	1. Diagnosis of tardive dyskinesia 2. Greater than or equal to (≥) 18 years of age 3. Not used in combination with another vesicular monoamine transporter 2 (VMAT2) -inhibitor (e.g. tetrabenazine, deutetrabenazine, valbenazine) 4. Less than or equal to (≤) 80mg per day 5. **NONE** of the following: a. History of congenital long QT syndrome or with arrhythmias associated with a prolonged QT interval b. History of severe renal impairment **c.** Concomitant use with MAOIs. 6. Prescribed by or in consultation with a psychiatrist or neurologist 7. Trial and failure of Austedo is required. Trial and failure of two preferreds is not required. **Approve for 12 months**
	Criteria (Reauthorization)
	Documentation of positive clinical response **Approve for 12 months**

Dosage and quantity limits

Drug Name	Dose and Quantity Limits
deutetrabenzine (AUSTEDO™)	48mg per day;
tetrabenazine (XENAZINE®)	HD Chorea: • Extensive/intermediate metabolizers: 100 mg/day • Poor metabolizers: 50 mg/day TD: 200mg per day
valbenazine (INGREZZA®)	80mg per day;

References

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History

Date	Action and Summary of Changes
10.23.2020	• Health Plan added language in #6 of initial approval of deutetrabenzine that states “documentation of trial and failure of tetrabenazine must be provided prior to approval of deutetrabenzine. Dates of therapy and clinical rational for failure of tetrabenazine must be included.”
03/05/2024	• Policy updated by the local pharmacy team to incorporate guidance provided by the Health Care Authority (HCA Issue #38112) to require trial and failure of Austedo prior to approval of Ingrezza effective 04/01/2024.