Generic Name: N/A

Therapeutic Class or Brand Name: Vesicular Monoamine Transporter 2 (VMAT2) Inhibitor

Applicable Drugs (if Therapeutic Class): Austedo IR/XR (deutetrabenazine), Ingrezza (valbenazine), Xenazine (tetrabenazine)

Preferred: tetrabenazine (generic)

Non-preferred: Austedo IR/XR, Ingrezza, Xenazine

Date of Origin: 11/18/2024

Date Last Reviewed / Revised: 11/18/2024

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

I. Documented diagnosis of one the following conditions A through B AND must meet ALL criteria listed under applicable diagnosis.

A. Tardive dyskinesia (TD)

1. Patient meets DSM-V criteria a through c:
   a) Involuntary athetoid or choreiform movements.
   b) Documentation of treatment with a dopamine receptor blocking agent (DRBA) such as an antipsychotic or metoclopramide.
   c) Symptom duration at least 8 weeks.
2. Documented functional impairment due to moderate-to-severe tardive dyskinesia symptoms (ie, limitations of activities of daily living (ADLs) such as frequent falls, incontinence, inability to feed oneself).
3. Documented baseline Abnormal Involuntary Movement Scale (AIMS) score.
4. Documented inadequate response to at least one of the following criteria a through c, unless there are clinically significant contraindications, intolerance, or are not clinically appropriate in order to maintain stable psychiatric function:
   a) Switching from a first-generation neuroleptic to a second neuroleptic (See table 2 under Appendix).
   b) Dose modification or discontinuation of offending medication.
   c) Prior treatment with medication used to reduce/improve tardive dyskinesia symptoms (See table 3 under appendix)

B. Chorea associated with Huntington's disease (HD)

1. Documentation of family history of HD (if known) or genetic testing confirming cytosine-adenine-guanine (CAG) trinucleotide expansion of ≥ 36 repeats in the HTT gene.
2. Documentation that the patient is being monitored for symptoms of depression and that depression is adequately treated if present.

3. Documented baseline evaluation of chorea severity by including the results of the Total Maximal Chorea (TMC) score of the Unified Huntington's Disease Rating Scale (UHDRS).
4. Documented treatment failure, intolerance, or contraindication to tetrabenazine (e.g. no improvement in UHDRS-TMC score, no improvement in overall motor function).

II. Minimum age requirement: 18 years old.

III. Treatment is prescribed by or in consultation with a neurologist or psychiatrist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines. See Table 1 in Appendix.

V. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Concurrent use of a monoamine oxidase inhibitor (MAOI).
- Patients with HD who are actively suicidal, or who have depression which is untreated or undertreated

OTHER CRITERIA

- Requests for Xenazine require documented treatment failure on generic tetrabenazine.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Austedo:
  - IR: 60 tablets for 30 days
  - XR: 30 tablets for 30 days
- Ingrezza:
  - TD, HD: 30 capsules/sprinkles for 30 days
  - HD: One initiation blister pack for the first 28 days of treatment
- Tetrabenazine:
  - HD: 90 tablets per 30 days, up to 50 mg per day.
    - Quantities up to 100 mg per day may be considered medically necessary when there is documentation of both a and b:
      - Tetrabenazine 50 mg per day has not provided an adequate response.
      - CYP2D6 genotyping shows that the patient is an extensive (EM) or intermediate metabolizer (IM) of CYP2D6.

APPROVAL LENGTH

- **Authorization:** 4 months
- **Re-Authorization:** 1 year, with an updated letter of medical necessity or progress notes showing improvement or maintenance with medication (i.e., current UHDRS-TMS showing a minimum of a 1 point improvement in TMS)

APPENDIX

Table 1. FDA-Approved Indications for Medications Used for Tardive Dyskinesia and Chorea associated with Huntington's disease

Medication	FDA-Approved Indication
Austedo IR/XR	TD, HD
Ingrezza	TD, HD
Xenazine	HD

Table 2. Available 1st and 2nd Generation Neuroleptics (antipsychotics)
First-Generation (Typical) antipsychotics
Chlorpromazine
Fluphenazine
Haloperidol
Loxapine
Perphenazine
Pimozide
Thiothixene
Thioridazine
Trifluoperazine
Second-Generations (Atypical) Antipsychotics
Aripiprazole
Asenapine
Brexpiprazole
Cariprazine
Clozapine
Iloperidone
Lurasidone
Olanzapine
Paliperidone
Pimavanserin
Quetiapine
Risperidone
Ziprasidone

Table 3: Medications Used to Reduce/Improve Tardive Dyskinesia Symptoms
Amantadine
Anticholinergics (e.g., trihexyphenidyl, benztropine)
Benzodiazepines (e.g., clonazepam)
Second-generation antipsychotics (e.g., clozapine, quetiapine)

REFERENCES

1. Austedo. Prescribing information. Teva Neuroscience, Inc; 2024. Accessed October 16, 2024. https://www.austedo.com/globalassets/austedo/prescribing-information.pdf
2. Bachoud-Lévi AC, Ferreira J, Massart R, et al. International guidelines for the treatment of Huntington's disease. Front Neurol. 2019;10:710. Published 2019 Jul 3. doi:10.3389/fneur.2019.00710
3. Bhidayasiri R, Fahn S, Weiner WJ, et al. Evidence-based guideline: treatment of tardive syndromes: report of the Guideline Development Subcommittee of the American Academy of Neurology [published correction appears in Neurology. 2013 Nov 26;81(22):1968]. *Neurology*. 2013;81(5):463-469. doi:10.1212/WNL.0b013e31829d86b6
4. Furr Stimming E, Classen DO, Kayson E, et al. Safety and efficacy of valbenazine for the treatment of chorea associated with Huntington's disease (KINECT-HD): a phase 3, randomised, double-blind, placebo-controlled trial. Lancet Neurol. 2023;22:494-504.
5. Hauser RA, Factor SA, Marder SR, et al. KINECT 3: A Phase 3 Randomized, Double-Blind, Placebo-Controlled Trial of Valbenazine for Tardive Dyskinesia. *Am J Psychiatry*. 2017;174(5):476-484. doi:10.1176/appi.ajp.2017.16091037
6. Ingrezza. Prescribing information. Neurocrine Biosciences, Inc; 2024. Accessed October 16, 2024. https://www.neurocrine.com/assets/2024/08/INGREZZA-Full-Prescribing-Information_PI_Approved.pdf
7. Liang-Wei T. Tardive dyskinesia: prevention, prognosis and treatment. In: Hurtig H, Marder S, ed. *UpToDate*. UpToDate; 2024. Accessed October 16, 2024. https://www.uptodate.com/contents/tardive-dyskinesia-prevention-treatment-and-prognosis?search=tardive%20dyskinesia%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
8. Suchowersky, O. Huntington disease: clinical features and diagnosis. In: Hurtig H, ed. *UpToDate*. UpToDate; 2024. Accessed October 19, 2024. https://www.uptodate.com/contents/huntington-disease-clinical-features-and-diagnosis?search=huntington%20disease&source=search_result&selectedTitle=1%7E52&usage_type=default&display_rank=1
9. Suchowersky, O. Huntington disease: management. In: Hurtig H, ed. *UpToDate*. UpToDate; 2024. Accessed October 19, 2024. https://www.uptodate.com/contents/huntington-disease-management?search=huntington%20disease%20chorea%20treatment&source=search_result&selectedTitle=2%7E125&usage_type=default&display_rank=2

10. Xenazine. Prescribing information. Lundbeck; 2019. Accessed October 16, 2024. https://www.lundbeck.com/content/dam/lundbeck-com/americas/united-states/products/neurology/xenazine_pi_us_en.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.