DRUG DETERMINATION POLICY

Title: DDP-50 Movement Disorder Agents

Effective Date: 6/28/23

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Austedo (deutetrabenazine), Ingrezza (valbenazine) and Xenazine (tetrabenazine) are vesicular monoamine transporter 2 (VMATs) inhibitors used for movement disorders and are associated with significant toxicity. These criteria were developed and implemented to ensure appropriate use for the intended diagnoses and place in therapy, as well as, mitigation of toxicity, if possible.

3.0 Clinical Determination Guidelines:

I. Tardive Dyskinesia [must meet all listed below]:

   A. Age: at least 18 years.

   B. Prescriber: psychiatrist or neurologist.

   C. Diagnosis and severity: moderate-severe tardive dyskinesia [must meet all listed below]:

      1. Medication exposure: 90-day history of one agent below [must meet one listed below]:

         a. Typical first generation antipsychotic: e.g., haloperidol, amitriptyline, thioridazine.

         b. Atypical, second generation antipsychotics: e.g., clozapine, risperidone, olanzapine, quetiapine, aripiprazole)

         c. Dopamine receptor-blocking drugs: e.g., prochlorperazine, promethazine, metoclopramide.

2. Involuntary athetoid or choreiform movements: at least 30 days.

3. Abnormal Involuntary Movement Scale (AIMS): score equal to 3 to 4 (See appendix I).

D. Other therapies [must meet both listed below]:

1. Switching, reduction, tapering or discontinuation of causative agent unless contraindicated or poses significant harm.

2. Benzodiazepines: Clonazepam 0.5mg daily up to a maximum of 3 to 4mg daily.

E. Dosage regimen.

1. Ingrezza oral (valbenazine): 40mg daily for one week, increase to 80mg daily if needed.

2. Austedo oral (deutetrabenazine): 6mg twice daily, increase by 6mg daily weekly; maximum dose 48mg daily.

F. Approval.

1. Initial: six months.

2. Reapproval: 12 months [must meet both below]:

a. Decreased athetoid or choreiform movements.

b. Reduction in the AIMS score.

G. Exclusions:

1. Cardiac: congenital long QT syndrome or arrhythmia with prolonged QT interval.

2. Untreated depression or history of suicidal ideations.

3. Concomitant medications:

a. Strong CYP3A4 inducer: e.g., rifampin, carbamazepine, phenytoin, St. John's wort.

b. Monoamine oxidase inhibitor: e.g., isocarboxazid, phenelzine, selegiline.

II. Chorea associated with Huntington's Disease (HD).

A. Age: at least 18 years.

B. Prescriber: psychiatrist or neurologist.

C. Diagnosis and severity: moderately-severe chorea [must meet one listed below]:

1. Unified Huntington's Disease Rating Scale Maximal Chorea Score of 3 or 4.

2. Chorea: prominent and interferes with activities of daily living.

D. Other therapies: contraindication, inadequate response after four months or significant adverse effects to both listed below

1. Xenazine (tetrabenazine).

3. Amantadine.

E. Dosage regimen.

1. Austedo oral (deutetrabenazine): 6mg twice daily, increase by 6mg daily weekly; maximum dose 48mg daily.

F. Approval.

1. Initial: six months.

2. Reapproval: 12 months; documented improvement of chorea symptoms.

G. Exclusions:

1. Cardiac: congenital long QT syndrome or arrhythmia with prolonged QT interval.

2. Untreated depression or history of suicidal ideations.

4. Concomitant medications: strong CYP3A4 inducer (e.g., rifampin, carbamazepine, phenytoin, St. John's wort) or Monoamine oxidase inhibitor (e.g., MAOI – isocarboxazid, phenelzine, selegiline).

III. Appropriate medication use [must meet all listed below]:

A. Diagnosis: meets standard diagnostic criteria that designates signs, symptoms and test results to support specific diagnosis.

B. FDA approval status [must meet one listed below]:

1. FDA approved: product, indication, and/or dosage regimen.

2. Non-FDA approved: compendium support (Lexicomp™) for use of a drug for a non-FDA approved indication or dosage regimen.

C. Place in therapy: sequence of therapy supported by national or international accepted guidelines and/or studies (e.g., oncologic, infectious conditions).

4.0 Coding:

AFFECTED CODES				
Code	**Brand Name**	**Generic Name**	**Billing Units (1U)**	**Prior Approval**
N/A	Austedo	deutetrabenazine	---	Y
N/A	Ingrezza	valbenazine	---	Y
N/A	Xenazine	tetrabenazine	---	Y
Medical Diagnosis Codes				
G24.01	Drug induced subacute dyskinesia			---
G24.40	Idiopathic orofacial dystonia			---
G10	Huntington's Disease			---

5.0 References, Citations & Resources:

1. Gharabawi GM, Bossie CA, Lasser RA, Turkoz I, Rodriguez S, Chouinard G. Abnormal Involuntary Movement Scale (AIMS) and Extrapyramidal Symptom Rating Scale (ESRS): cross-scale comparison in assessing tardive dyskinesia. Schizophr Res. 2005 Sep 15;77(2-3):119-28.
2. UpToDate Tardive Dyskinesia: Prevention, Prognosis, and Treatment. updated June 01, 2020.
3. UptoDate Huntington's Disease: Management. updated October 16, 2019.
4. Austedo [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals.; April 3, 2017.
5. Ingrezza [prescribing information]. San Diego, CA: Neurocrine Biosciences.; April 11, 2017.
6. American Academy of Neurology Evidence-based guideline: Pharmacologic treatment of chorea in Huntington disease. August 7, 2012.
7. Treatment Recommendations for Tardive Dyskinesia. The Canadian Journal of Psychiatry 2019, Vol. 64(6) 388-399
8. International Guidelines for the treatment of Huntington's Disease. Frontiers in Neurology. 2019;10 (710):1-18

6.0 Appendices:

See page 5.

7.0 Revision History:

Original Effective Date: 07/06/2023

Next Review Date: 07/01/2024

Revision Date	Reason for Revision
4/22	Annual review for May Workgroup and June P and T; added appropriate use section
4/23	Annual review; adding references, formating

Appendix I: Abnormal Involuntary Movement Scale (AIMS) – Overview

- The AIMS records the occurrence of tardive dyskinesia (TD) in patient receiving neuroleptic medications.
- The AIMS test is used to detect TD and to follow the severity of a patient's TD over time.

A. Clinical Utility:

The AIMS is a 12-item anchored scale that is clinician administered and scored.

- Items 1-10 are rated on a 5 point anchored scale.
  - Items 1-4 access orofacial movements.
  - Items 5-7 deal with extremity and truncal dyskinesia.
  - Items 8-10 deal with global severity as judged by the examiner, and the patient awareness of the movements and the distress associated with them.
- Items 11-12 are yes-no questions concerning problems with teeth and/or dentures, because such problems can lead to mistaken diagnosis of dyskinesia.

B. Scoring.

1. A total score of items 1-7 (categories I, II, II) can be calculated. These represent observed movements.
2. Item 8 can be used as an overall severity index.
3. Items 9 (incapacitation) and 10 (awareness) provide additional information that may be useful in determining lip, jaw and tongue movements.
4. Severity level based on score: 0 = None; 1 = Minimal; 2 = Mild; 3 = Moderate; 4 = Severe.

C. Psychometric Properties.

The AIMS is a global rating method. The AIMS requires the rater to compare the observed movements to the average movement disturbances seen in persons with TD. Such relative judgements may vary among raters with different backgrounds and experience.

1. Rush JA, Hand book of psychiatric measures, American Psychiatric Association, 2000, 166-168.

Appendix II - Monitoring and Patient Safety

Drug	Adverse Reactions	Monitoring	REMS
Austedo oral deutetrabenazine	• Central Nervous System: drowsiness (11%) • Pregnancy: adverse outcomes not seen in animal studies	• Central Nervous Sytem: signs and symptoms of depression/suicidal ideation, NMS, restlessness/agitation • Pregnancy:adverse effects not seen in animal studies • Cardiovascular: EKG for QT prolongation pre/post dose increase >24mg/day	Not Needed
Ingrezza oral valbenazine	• Central Nervous System: drowsiness (11%), fatigue (11%), sedation (11%) • Pregnancy: Adverse drug reaction observed in some animal reproductive studies	• AIMS • Cardiovascular: EKG for QT prolongation	Not Needed