



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Tetrabenazine Page: 1 of 3

Effective Date: 3/17/2023 Last Review Date: 2/23/2023

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for tetrabenazine under the patient’s prescription drug benefit.

Description:

A. FDA-Approved Indication

1. Treatment of chorea associated with Huntington’s disease

B. Compendial Uses

1. Tic disorders
2. Tardive dyskinesia
3. Hemiballismus
4. Chorea not associated with Huntington’s disease

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

tetrabenazine

Policy/Guideline:

Documentation:

Submission of the following information is necessary for both initial approval and continuation of therapy prior authorization reviews: Documentation of score of items 1 to 7 of the Abnormal Involuntary Movement Scale (AIMS) for tardive dyskinesia.

Criteria for Initial Approval:

A. Chorea associated with Huntington’s disease

Authorization of 6 months may be granted for treatment of chorea associated with Huntington’s disease when both of the following criteria are met:

1. The patient is unable to take the preferred formulary alternative Austedo for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication
2. The patient demonstrates characteristic motor examination features
3. The patient meets one of the following conditions:
 - i. Laboratory results indicate an expanded *HTT* CAG repeat sequence of at least 36
 - ii. The patient has a positive family history for Huntington’s disease

B. Chorea not associated with Huntington’s disease

Authorization of 6 months may be granted for treatment of chorea not associated with Huntington’s disease.



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C. Tic disorders

Authorization of 6 months may be granted for treatment of tic disorders.

D. Tardive dyskinesia

Authorization of 6 months may be granted for the treatment of tardive dyskinesia when the following criteria is met:

1. The patient is unable to take the preferred formulary alternatives Austedo and Ingrezza for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication
2. Baseline AIMS score for items 1 to 7 is obtained

E. Hemiballismus

Authorization of 6 months may be granted for the treatment of hemiballismus.

Criteria for Continuation of Therapy:

A. Tardive dyskinesia

Authorization of 12 months may be granted for treatment of tardive dyskinesia when the member's tardive dyskinesia symptoms have improved as indicated by a decreased AIMS score (items 1 to 7) from baseline.

B. Other indications

Authorization of 12 months may be granted for treatment of all other indications listed in Section III when the member has experienced improvement or stabilization.

Approval Duration and Quantity Restrictions:

Approval:

- Initial approval: 6 months
- Renewals: 12 months

Quantity Level Limit:

- tetrabenazine 12.5 mg tablet: 120 per 30 days
- tetrabenazine 25 mg tablet: 60 per 30 days

References:

1. Xenazine [package insert]. Deerfield, IL: Lundbeck Inc.; November 2019.
2. Micromedex® (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com>. Accessed March 3, 2022.
3. AHFS Drug Information. <http://online.lexi.com/lco>. Accessed March 3, 2022.
4. Guay DR. Tetrabenazine, a monoamine-depleting drug used in the treatment of hyperkinetic movement disorders. *Am J Geriatr Pharmacother*. 2010; 8:331-373.



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5. Armstrong MJ, Miyasaki JM. Evidence-based guideline: pharmacologic treatment of chorea in Huntington disease: Report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2012; 79(6):597-603.
6. Kenney C, Hunter C, Jankovic J. Long-term tolerability of tetrabenazine in the treatment of hyperkinetic movement disorders. *Movement Disorders*. 2007; 22(2): 193-7.
7. Tetrabenazine [package insert]. Westin, FL: Apotex Corp.; September 2018.
8. American Psychiatric Association. (2021). *Practice Guideline for the Treatment of Patients With Schizophrenia, third edition*. <https://doi.org/10.1176/appi.books.9780890424841>