



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Tetrabenazine Page: 1 of 3

Effective Date: 4/6/2023 Last Review Date: 2/23/2023

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" 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
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. Member demonstrates characteristic motor examination features
- 2. Member meets one of the following conditions:
 - i. Laboratory results indicate an expanded *HTT* CAG repeat sequence of at least



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Tetrabenazine	Page:	2 of 3
Effective Date:	4/6/2023	Last Review Date:	2/23/2023
Applies to:	<input type="checkbox"/> Illinois <input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Florida <input checked="" type="checkbox"/> Maryland <input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Florida Kids <input type="checkbox"/> Michigan <input type="checkbox"/> Texas

ii. Member 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.

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 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.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Tetrabenazine

Page: 3 of 3

Effective Date: 4/6/2023

Last Review Date: 2/23/2023

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

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.
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>