University of Michigan Health Plan

DRUG DETERMINATION POLICY

Title: DDP-50 Movement Disorder Agents

Effective Date: 6/25/25

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan. 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 UM Health Plan 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.

2.0 Clinical Determination Guidelines:

I. General Considerations

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

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

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

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

b. Non-FDA approved: compendium support (UpToDate® Lexidrug™) for use of a drug for a non-FDA approved indication or dosage regimen.

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

II. 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) questions 1-7: Total score of at least 6 (See appendix I).

D. Other therapies: Trial of changing therapy of causative agent and benzodiazepine unless contraindicated. Trial must result in an inadequate response or severe adverse reaction or significant harm [must meet both listed below]:

1. Switching, reduction, tapering, or discontinuation of the causative agent.

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.

III. 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: Trials of the two agents below are required unless both are contraindicated. Trials must result in an inadequate response or severe adverse reaction.

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).

4.0 Coding:

COVERED PRODUCTS		
Brand Name	**Generic Name**	**Prior Approval**
Austedo	deutetrabenazine	Y
Ingrezza	valbenazine	Y
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 12, 2023.
3. UptoDate Huntington's Disease: Management. updated October 16, 2019.
4. Austedo [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals.; May 12, 2025.
5. Ingrezza [prescribing information]. San Diego, CA: Neurocrine Biosciences.; May 12, 2025.
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: 07/16/2025

Next Review Date: 07/01/2026

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, formatting
4/24	Annual review; removed duplicate Appropriate Medication use section; deleted Monitoring and patient Safety appendix; moduified other therapies
4/25	Annual review; updated references, clarified AIMS score

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.