

Drug and Biologic Coverage Criteria

- (a) Huntington Disease Mutation Analysis indicating an expanded CAG repeat (≥ 36) in the Huntington gene (HTT) (also known as HD gene)

OR

- (b) A positive family history of HD, with autosomal dominant inheritance pattern

AND

2. Prescriber attests that member does not have serious untreated or undertreated psychiatric illness, such as depression, AND is not suicidal
AND
3. Documentation of baseline evaluation and documentation of Total Chorea Score [using the Unified Huntington's Disease Rating Scale (UHDRS)]
NOTE: Reauthorization requires positive response or demonstrated efficacy to therapy. Baseline score reviewed at Continuation of Therapy.
AND
4. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Xenazine (tetrabenazine) include: actively suicidal or who have depression, which is untreated or undertreated, Hepatic impairment, taking MAOIs, reserpine, deutetabenazine or valbenazine, avoid in patient with congenital long QT syndrome and in patients with a history of cardiac arrhythmias]

B. TARDIVE DYSKINESIA (TD) (Off-Label):

1. Documented diagnosis of moderate to severe tardive dyskinesia (TD)
AND
2. Documentation member has had an inadequate response to at least ONE of the following alternative approaches to treat tardive dyskinesia: (a) Adjustments to possible offending medication(s) known to cause TD (dose reduction or discontinuation) were attempted but ineffective in resolving TD symptoms, OR (b) Switched from a first-generation to a second-generation antipsychotic, OR (c) Member is not a candidate for a trial of dose reduction, tapering, discontinuation of the offending medication or switching to an alternative antipsychotic therapy [Appendix] [DOCUMENTATION REQUIRED]
AND
3. Prescriber attests that member does not have serious untreated or undertreated psychiatric illness, such as depression, AND is not suicidal
AND
4. Documentation of baseline evaluation of condition documented by Abnormal Involuntary Movement Scale (AIMS) score OR Extrapyrimalidal Symptom Rating Scale (ESRS) [DOCUMENTATION REQUIRED]
NOTE: Reauthorization requires positive response or demonstrated efficacy to therapy. Baseline score reviewed at continuation of therapy.
AND
5. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Xenazine (tetrabenazine) include: Actively suicidal or who have depression, which is untreated or undertreated, Hepatic impairment, taking MAOIs, reserpine, deutetabenazine or valbenazine, avoid in patient with congenital long QT syndrome and in patients with a history of cardiac arrhythmias]

C. TOURETTE SYNDROME (Off-Label – see Appendix for guideline citation):

1. Documented diagnosis of Tourette syndrome [DOCUMENTATION REQUIRED]
AND
2. Documentation that Comprehensive Behavioral Intervention for Tics (CBIT) has not been successful or is not accessible for the member
AND
3. Documentation of trial and failure of 3 months of adherent utilization of OR clinical contraindication

