

Criteria for Movement Disorder Medication

Idaho Medicaid

Drug	FDA approved indication
deutetrabenazine (Austedo)	Treatment of chorea associated with Huntington's disease Treatment of tardive dyskinesia
tetrabenazine (Xenazine)	Treatment of chorea associated with Huntington's disease
valbenazine (Ingrezza)	Treatment of tardive dyskinesia

Huntington's Chorea

- Genetic documentation of diagnosis
- Clinically significant chorea documented in chart note
- Unified Huntington's Disease Rating Scale (or equivalent test) documenting chorea

Tardive Dyskinesia

- Documentation of diagnosis of clinically significant tardive dyskinesia with drug(s) that are suspected to have caused the disease state.
- Steps that have been taken to reduce the risk for tardive dyskinesia such as discontinuing drug, changing drug therapy, reducing drug dosage.
- AIMS (or equivalent test) documenting tardive dyskinesia

Initial approval will be for 12 weeks. Request for continuation of therapy will then need to be submitted including documentation of improvement in UHDRS/AIMS score as well as clinically significant improvement in symptoms.

Contra-indications:

Deutetrabenazine and tetrabenazine: suicidal or untreated/inadequately treated depression or hepatic impairment.