Huntington's Disease

CHI Formulary Treatment Algorithm

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Council of Health Insurance

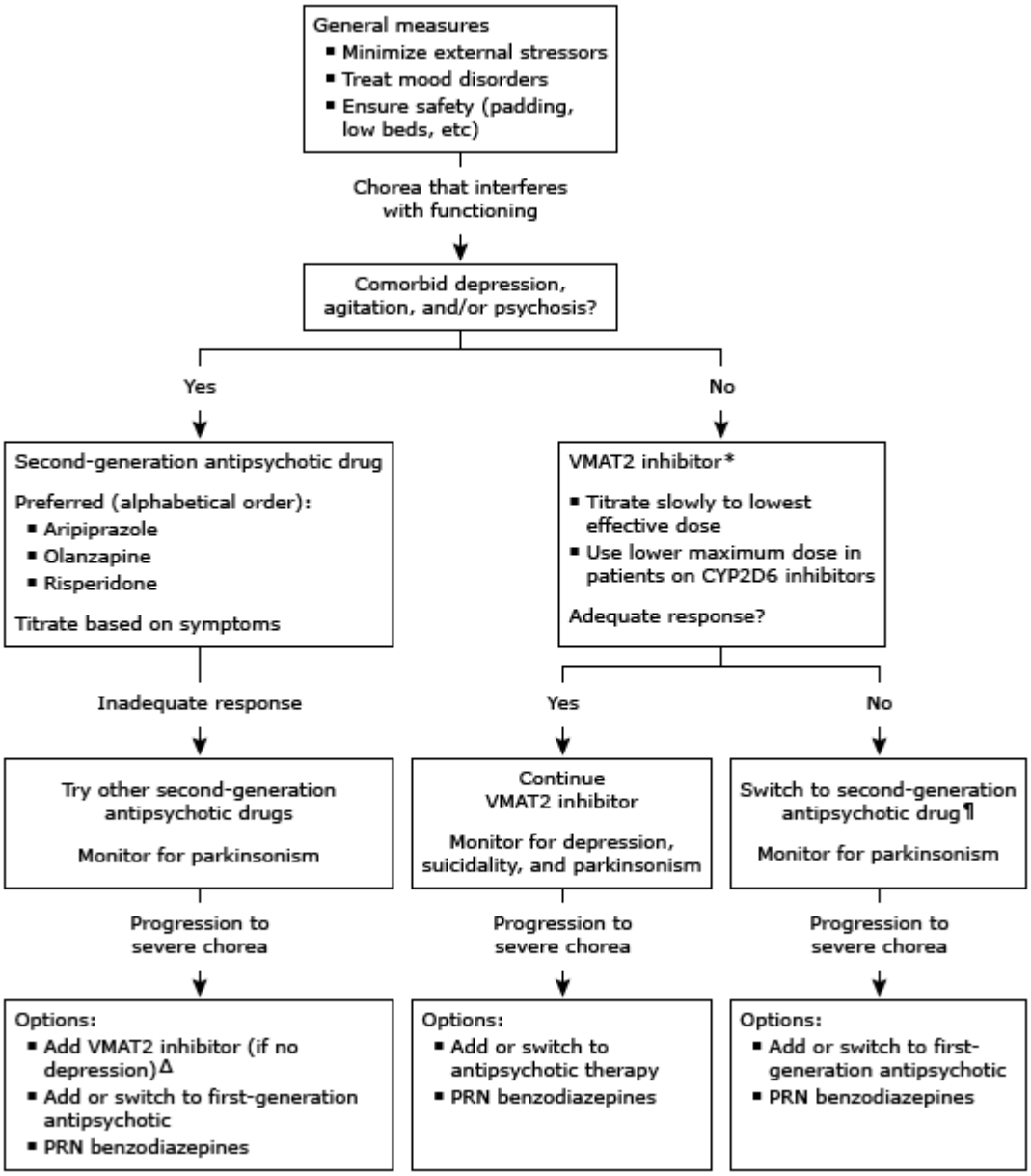
Treatment Algorithm - October 2023
Supporting Treatment Algorithm for the Clinical Management of Huntington's Disease

Figure 1 outlines a comprehensive treatment algorithm on the management of Huntington's Disease, aimed at addressing the different lines of treatment after thorough review of medical and economic evidence by CHI committees.

For further evidence, please refer to CHI Huntington's Disease full report. You can stay updated on the upcoming changes to our formulary by visiting our website at https://chi.gov.sa/AboutCCHI/CCHIprograms/Pages/IDF.aspx

Our treatment algorithm offers a robust framework for enhancing patient care and optimizing treatment outcomes across a range of treatment options, holding great promise for improving healthcare delivery.

Management of Chorea in Patients with Huntington's Disease



VMAT2: vesicular monoamine transporter type 2; CYP2D6: cytochrome P450 2D6; PRN: as needed.

* VMAT2 inhibitors approved for use in patients with Huntington disease are tetrabenazine, deutetrabenazine, and valbenazine. Deutetrabenazine and valbenazine have longer half-lives. Availability and cost may vary by region.

¶ When switching from a VMAT2 inhibitor to antipsychotic therapy, begin antipsychotic therapy and then gradually taper VMAT2 inhibitor. Preferred second-generation antipsychotic drugs for chorea are aripiprazole, olanzapine, and risperidone.

Δ Some experts may consider a VMAT2 inhibitor in patients with comorbid depression who have refractory chorea; others consider depression a strict contraindication to VMAT2 inhibitor use in this population.

1

[1] **https://www.uptodate.com/contents/huntington-disease-management#subscribeMessage**