

Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors

Goal(s):

- Promote safe use of VMAT2 inhibitors in adult patients.
- Promote use that is consistent with medical evidence.

Length of Authorization:

- Initial: Up to 3 months
- Renewal: Up to 12 months

Requires PA:

- All VMAT2 inhibitors

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code. Go to #2	
2. Is the request for continuation of vesicular monoamine transporter 2 (VMAT2) inhibitor therapy previously approved by FFS criteria (patient has completed 3-month trial)?	Yes: Go to Renewal Criteria	No: Go to #3
3. Is the request for a patient 18 years or older with a diagnosis of chorea as a result of Huntington's disease?	Yes: Go to #4	No: Go to #6
4. Does the patient have a baseline total maximal chorea score of 8 or higher as assessed by the Unified Huntington's disease Rating Scale–Total Chorea Movement subscore (UHDRS-TCS)?	Yes: Go to #5 Document baseline score: _____	No: Pass to RPh. Deny; medical appropriateness
5. Has it been determined that the patient does not have uncontrolled depression or at risk of violent or suicidal behavior?	Yes: Approve for 3 months.	No: Pass to RPh. Deny; medical appropriateness
6. Is the request for deutetrabenazine or valbenazine in a patient 18 years or older with a diagnosis of moderate to severe tardive dyskinesia?	Yes: Approve for 3 months. Document baseline modified AIMS* score: _____	No: Go to #7

Approval Criteria

7. Is the request for tetrabenazine in a patient with tics associated with Tourette syndrome?	Yes: Go to #8	No: Pass to RPh. Deny; medical appropriateness
8. Has the patient tried and failed an adequate trial of at least 2 of the following guideline directed medications ¹ : a. Clonidine or guanfacine OR b. Topiramate OR c. One of the following antipsychotics: pimozide, aripiprazole or risperidone? OR Does the patient have a documented intolerance, FDA-labeled contraindication, or hypersensitivity to the guideline directed medications?	Yes: Approve for 3 months Document baseline Yale Global Tic Severity Score (YGTSS) Total Tic Severity (range 0 to 50)_____	No: Pass to RPh. Deny; medical appropriateness

* The dyskinesia score for the modified Abnormal Involuntary Movement Scale (AIMS) for numbers 1-7

Renewal Criteria

1. Is the request for a renewal of valbenazine or deutetrabenazine in a patient with tardive dyskinesia?	Yes: Go to #2	No: Go to #3
2. Has the patient been taking the requested VMAT2 inhibitor for >3 months and has there been documented evidence of clinical improvement by a reduction in AIMS dyskinesia score from baseline?	Yes: Go to #5	No: Pass to RPh. Deny; medical appropriateness
3. Is the request for valbenazine, tetrabenazine or deutetrabenazine in a patient with chorea as a result of Huntington's disease?	Yes: Go to #4	No: Go to #6

Renewal Criteria		
4. Has the patient been taking the requested VMAT2 inhibitor for >3 months and has there been documented evidence of improvement in total maximal chorea score as assessed by the Unified Huntington's disease Rating Scale–Total Chorea Movement subscore (UHDRS-TCS), of at least 2 points from baseline?	Yes: Go to #5	No: Pass to RPh. Deny; medical appropriateness
5. Has it been determined that the mental status of the patient is stable and there is no indication of uncontrolled depression or risk of violent or suicidal behavior?	Yes: Approve for 12 months	No: Pass to RPh. Deny; medical appropriateness
6. Is the request for tetrabenazine in a patient with tics associated with Tourette syndrome?	Yes: Go to #7	No: Pass to RPh. Deny; medical appropriateness
7. Has the patient been taking tetrabenazine for >3 months and has there been documented evidence of reduced tic severity from baseline as assessed by the Yale Global Tic Severity Score (YGTSS) Total Tic Score (range 0-50) ?	Yes: Approve for 12 months	No: Pass to RPh. Deny; medical appropriateness

1. Pringsheim T, Okun MS, Müller-Vahl K, et al. Practice guideline recommendations summary: Treatment of tics in people with Tourette syndrome and chronic tic disorders. *Neurology*. 2019;92(19):896-906.

P&T/DUR Review: 10/23 (DM); 1/2018(KS)
Implementation: 11/1/23; 3/1/18