

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

<p>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?</p>	<p>Yes: Go to #5</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>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?</p>	<p>Yes: Approve for 12 months</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>6. Is the request for tetrabenazine in a patient with tics associated with Tourette syndrome?</p>	<p>Yes: Go to #7</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>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) ?</p>	<p>Yes: Approve for 12 months</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>

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