

## 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 and product labeling.

### Length of Authorization:

- Initial: Up to 2 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](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code. Go to #2	
2. Is the treatment for an OHP-funded condition?	<b>Yes:</b> Go to #3	<b>No:</b> Pass to RPh. Deny; not funded by OHP
3. Is the request for continuation of vesicular monoamine transporter 2 (VMAT2) inhibitor therapy previously approved by FFS criteria (patient has completed 2-month trial)?	<b>Yes:</b> Go to <b>Renewal Criteria</b>	<b>No:</b> Go to #4
4. Is the request for tetrabenazine or deutetrabenazine in a patient 18 and older with a diagnosis of chorea as a result of Huntington's disease?	<b>Yes:</b> Go to #5	<b>No:</b> Go to #7
5. Does the patient have a baseline total maximal chorea score of 8 or higher?	<b>Yes:</b> Go to #6  Document baseline score: _____	<b>No:</b> Pass to RPh. Deny; medical appropriateness
6. Has it been determined that the patient does not have uncontrolled depression or at risk of violent or suicidal behavior?	<b>Yes:</b> Go to #11	<b>No:</b> Pass to RPh. Deny; medical appropriateness

Approval Criteria		
7. Is the request for deutetrabenazine in a patient 18 and older with a diagnosis of moderate to severe tardive dyskinesia?	<b>Yes:</b> Go to #8  Document baseline modified AIMS* score: _____	<b>No:</b> Go to #9
8. Has it been determined that the patient does not have uncontrolled depression or at risk of violent or suicidal behavior?	<b>Yes:</b> Go to #10	<b>No:</b> Pass to RPh. Deny; medical appropriateness
9. Is the request for valbenazine in a patient 18 and older with a diagnosis of moderate to severe tardive dyskinesia?	<b>Yes:</b> Go to #10  Document baseline modified AIMS* score: _____	<b>No:</b> Pass to RPh. Deny; medical appropriateness
10. Is the medication being prescribed by, or in consultation with, a neurologist or psychiatrist?	<b>Yes:</b> Go to #11	<b>No:</b> Pass to RPh. Deny; medical appropriateness
11. Has the patient recently been evaluated and determined to not be at risk for a prolonged QT interval?	<b>Yes:</b> Approve for 2 months.  Documented evidence of benefit required for renewal consideration (see renewal criteria).	<b>No:</b> 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?	<b>Yes:</b> Go to #2	<b>No:</b> Go to #3
2. Has the patient been taking the requested VMAT2 inhibitor for >2 months and has there been documented evidence of improvement by a reduction in AIMS dyskinesia score (items 1-7) by at least 50%?	<b>Yes:</b> Go to #5	<b>No:</b> Pass to RPh. Deny; medical appropriateness
3. Is the request for tetrabenazine or deutetrabenazine in a patient with chorea as a result of Huntington's disease?	<b>Yes:</b> Go to #4	<b>No:</b> Pass to RPh. Deny; medical appropriateness

## Renewal Criteria

4. Has the patient been taking the requested VMAT2 inhibitor for >2 months and has there been documented evidence of improvement in total maximal chorea score of at least 2 points from baseline?	<b>Yes:</b> Go to #5	<b>No:</b> 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?	<b>Yes:</b> Approve for 12 months	<b>No:</b> Pass to RPh. Deny; medical appropriateness

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*P&T/DUR Review: 11/2017(KS)  
Implementation: 3/1/18*