



## VMAT2 Inhibitors Prior Authorization

<b>Drug(s) Applied:</b>	<b>Austedo (deutetrabenazine), tetrabenazine</b>
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### Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

#### I. Initial Therapy Criteria

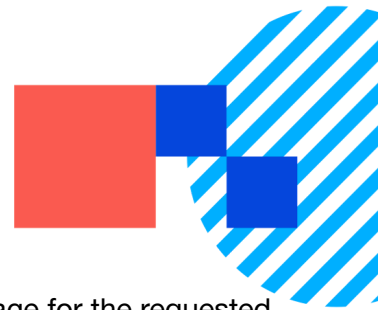
##### A. **Tardive dyskinesia** as indicated by chart notes within past 90 days

1. ONE of the following:
  - a) Prescriber has reduced the dose or discontinued any medications known to cause tardive dyskinesia (i.e., dopamine receptor blocking agents, anticholinergics) **or**
  - b) Prescriber has provided clinical rationale indicating that a reduced dose or discontinuation of any medications known to cause tardive dyskinesia is not appropriate **and**
2. Prescriber has documented the patient's baseline Abnormal Involuntary Movement Scale (AIMS) score **and**
3. Patient's age is 18 years or older **and**
4. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., psychiatry, neurology) **and**
5. Chart notes and/or prescriber do not provide documentation of concurrent use of tetrabenazine, Austedo, Ingrezza, reserpine or monoamine oxidase inhibitors **and**
6. Chart notes and/or prescriber do not provide documentation of hepatic impairment.

**Approval Duration:** 3 months

##### B. **Chorea associated with Huntington's disease** as indicated by chart notes within past 90 days

1. Diagnosis of Huntington's disease by mutation in the huntingtin gene on chromosome 4 of a repeating CAG triplet series as identified by prescriber **and**
2. Prescriber has documented the patient's baseline Total Maximal Chorea score of the Unified Huntington's Disease Rating Scale (UHDRS) **and**
3. ONE of the following:
  - a) Patient's age is 18 years or older **or**



- b) For tetrabenazine, there is support for the patient's age for the requested indication **and**
- 4. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., psychiatry, neurology) **and**
- 5. Chart notes and/or prescriber do not provide documentation of concurrent use of Austedo, Ingrezza, tetrabenazine, reserpine or monoamine oxidase inhibitors **and**
- 6. Chart notes and/or prescriber do not provide documentation of active suicidality, untreated/inadequately treated depression, or hepatic impairment or prescriber has documented the dose adjustment for hepatic impairment.

**Approval Duration:** 3 months

## II. Continued Therapy Criteria

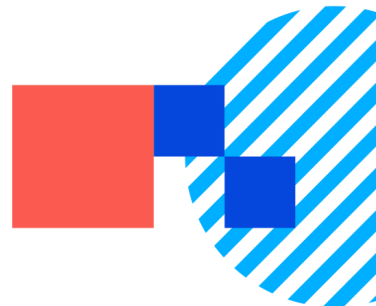
### A. **Tardive dyskinesia** as indicated by chart notes within past 12 months

- 1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
- 2. Documented clinical benefit since starting the requested agent or has had improvements or stabilization from baseline in their Abnormal Involuntary Movement Scale (AIMS) score **and**
- 3. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., psychiatry, neurology) **and**
- 4. Chart notes and/or prescriber do not provide documentation of concurrent use of tetrabenazine, Austedo, Ingrezza, reserpine or monoamine oxidase inhibitors **and**
- 5. Chart notes and/or prescriber do not provide documentation of hepatic impairment.

**Approval Duration:** 12 months

### B. **Chorea associated with Huntington's disease** as indicated by chart notes within past 12 months

- 1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
- 2. Documented clinical benefit since starting the requested agent or has had improvements or stabilization from baseline in their Total Maximal Chorea score of the Unified Huntington's Disease Rating Scale (UHDRS) **and**
- 3. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., psychiatry, neurology) **and**
- 4. Chart notes and/or prescriber do not provide documentation of concurrent use of Austedo, Ingrezza, tetrabenazine, reserpine or monoamine oxidase inhibitors



**and**

5. Chart notes and/or prescriber do not provide documentation of active suicidality, untreated/inadequately treated depression or hepatic impairment or prescriber has documented the dose adjustment for hepatic impairment.

**Approval Duration:** 12 months

**Policy Owned by:** Curative PBM team