

## VMAT2 Inhibitors Prior Authorization

<b>Drug(s) Applied:</b>	<b>Austedo (deutetrabenazine), Austedo XR (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

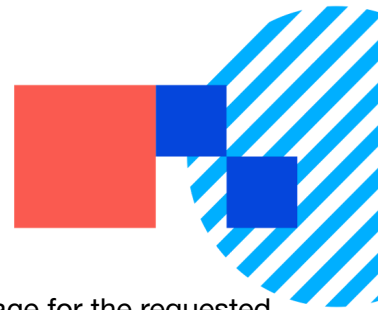
##### A. **Tardive dyskinesia** as indicated by chart notes within past 90 days

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

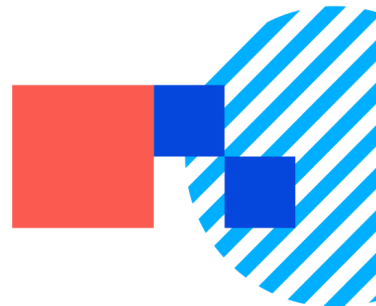
### A. Tardive dyskinesia as indicated by chart notes within past 12 months

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