Vesicular Monoamine Transporter 2 Inhibitors (VMAT2)

FDA INDICATIONS AND USAGE[1,2,3]

AUSTEDO® and AUSTEDO XR® (dutetrabenzine) are vesicular monoamine transporter 2 inhibitors indicated for the treatment of chorea associated with Huntington's disease and tardive dyskinesia in adults.

INGREZZA® (valbenzine) is a vesicular monoamine transporter 2 inhibitor indicated for the treatment of adults with tardive dyskinesia and chorea associated with Huntington's disease.

XENAZINE® (tetrabenzine) is vesicular monoamine transporter 2 inhibitor indicated for the treatment of chorea associated with Huntington's disease.

APPROVAL CRITERIA[1,2,3]

A. For AUSTEDO® and AUSTEDO XR® authorization:
   a. Patient is 18 years of age or older **AND;**
   b. Prescribed by or in consultation with a psychiatrist or neurologist **AND;**
   c. A patient must have the diagnosis of chorea associated with Huntington's disease **OR;**
   d. Diagnosis of moderate to severe tardive dyskinesia (TD) and all the following:
      1) The provider has reduced or discontinued medications known to cause tardive dyskinesia or provides clinical rational as to why dose reduction or discontinuation is not possible **AND;**
      2) The provider has documented the baseline Abnormal Involuntary Movement Scale (AIMS) score **AND;**
      3) Trial of at least one other medication used to treat TD for at least 30 days.

B. For INGREZZA® authorization:
   a. Patient is 18 years of age or older **AND;**
   b. Prescribed by or in consultation with a psychiatrist or neurologist **AND;**
   c. A patient must have the diagnosis of chorea associated with Huntington's disease **OR;**
   d. Diagnosis of moderate to severe tardive dyskinesia (TD) and all the following:
      1) The provider has reduced or discontinued medications known to cause tardive dyskinesia or provides clinical rational as to why dose reduction or discontinuation is not possible **AND;**
      2) The provider has documented the baseline Abnormal Involuntary Movement Scale (AIMS) score **AND;**
      3) Trial of at least one other medication used to treat TD for at least 30 days.

C. For XENAZINE® authorization:
   a. Patient is 18 years of age or older **AND;**
   b. Prescribed by or in consultation with a neurologist **AND;**
   c. A patient must have the diagnosis of chorea associated with Huntington's disease **AND;**
   d. Patient must have tried and failed at least two manufactures of generic tetrabenzine.

ALASKA MEDICAID
Prior Authorization Criteria

DENIAL CRITERIA[1,2,3]

1. Patient is receiving concomitant VMAT2 drugs, monoamine oxidase inhibitors, or reserpine **OR;**
2. Patient has significant hepatic impairment **OR;**
3. Patient is suicidal or has untreated/ inadequately treated depression.

CAUTIONS[1,2,3]

- Restlessness, agitation, akathisia and Parkinsonism: Reduce dose or discontinue if occurs.
- Sedation/Somnolence: May impair patient's ability to drive or operate machinery.
- QTc prolongation: Not recommended in combination with other drugs that prolong QTc.

DURATION OF APPROVAL

- Initial - 3 months
- Reauthorization - 6 months with documentation the patient has shown marked improvement of functional impairment from the baseline of at least 3 points.

QUANTITY LIMITS

Brand/Generic	Quantity Per Day
AUSTEDO® (dutetrabenzine)	
6 mg tablet	2 tablets
9 mg tablet	4 tablets
12 mg tablet	4 tablets
AUSTEDO XR®	
6 mg tablet	1 tablet
12 mg tablet	1 tablet
24 mg tablet	2 tablets
INGREZZA® (valbenzine)	
40 mg	1 capsule
80 mg	1 capsule
XENAZINE® (tetrabenzine)	
12.5 mg	4 tablets
25 mg	4 tablets

Quantity limit – 34 days supply

REFERENCES / FOOTNOTES:

1. Austedo/Austedo XR prescribing information. Teva. February 2023.
2. Ingrezza prescribing information. Neurocrine Biosciences, Inc. August 2023.
3. Xenazine Prescribing Information. Lundbeck/Valeant. September 2017.
4. Institute for Clinical and Economic Review (ICER). Vesicular Monoamine Transporter 2 Inhibitors for Tardive Dyskinesia: Effectiveness and Value. Draft Background and Scope. May 8, 2017.