

VMAT2 Inhibitors Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
03-15-2026

Date of Origin

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Austedo ; Austedo patient titration ; Austedo xr ; Austedo xr patient titrat	deutetrabenazine tab ; deutetrabenazine tab er ; deutetrabenazine tab er titration pack ; deutetrabenazine tab titration pack	12 & 18 & 24 & 30 MG ; 12 MG ; 18 MG ; 24 MG ; 30 MG ; 36 MG ; 42 MG ; 48 MG ; 6 & 12 & 24 MG ; 6 & 9 & 12 MG ; 6 MG ; 9 MG	M ; N ; O ; Y	N		
Xenazine	tetrabenazine tab	12.5 MG ; 25 MG	M ; N ; O ; Y	O ; Y		
Ingrezza	valbenazine tosylate cap ; valbenazine tosylate cap therapy pack ; valbenazine tosylate capsule sprinkle	40 & 80 MG ; 40 MG ; 60 MG ; 80 MG	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Austedo	Deutetrabenazine Tab 12 MG	12 MG	120	Tablets	30	DAYS			
Austedo	Deutetrabenazine Tab 6 MG	6 MG	60	Tablets	30	DAYS			
Austedo	Deutetrabenazine Tab 9 MG	9 MG	120	Tablets	30	DAYS			
Austedo xr	deutetrabenazine tab er	6 MG	30	Tablets	30	DAYS			
Austedo xr	deutetrabenazine tab er	12 MG	30	Tablets	30	DAYS			
Austedo xr	deutetrabenazine tab er	18 MG	30	Tablets	30	DAYS			
Austedo xr	deutetrabenazine tab er	24 MG	30	Tablets	30	DAYS			
Austedo xr	deutetrabenazine tab er	30 MG	30	Tablets	30	DAYS			
Austedo xr	deutetrabenazine tab er	36 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Austedo xr	deutetrabenazine tab er	42 MG	30	Tablets	30	DAYS			
Austedo xr	deutetrabenazine tab er	48 MG	30	Tablets	30	DAYS			
Austedo xr patient titrat	deutetrabenazine tab er titration pack	6 & 12 & 24 MG	42	Tablets	180	DAYS			
Austedo xr patient titrat	deutetrabenazine tab er titration pack	12 & 18 & 24 & 30 MG	28	Tablets	180	DAYS			
Ingrezza	Valbenazine Tosylate Cap	60 MG	30	Capsules	30	DAYS			
Ingrezza	Valbenazine Tosylate Cap 40 MG (Base Equiv)	40 MG	60	Capsules	30	DAYS			
Ingrezza	Valbenazine Tosylate Cap 80 MG (Base Equiv)	80 MG	30	Capsules	30	DAYS			
Ingrezza	Valbenazine Tosylate Cap Therapy Pack 40 MG (7) & 80 MG (21)	40 & 80 MG	28	Capsules	180	DAYS			
Ingrezza	valbenazine tosylate capsule sprinkle	40 MG	30	Capsules	30	DAYS			
Ingrezza	valbenazine tosylate capsule sprinkle	60 MG	30	Capsules	30	DAYS			
Ingrezza	valbenazine tosylate capsule sprinkle	80 MG	30	Capsules	30	DAYS			
Xenazine	Tetrabenazine Tab 12.5 MG	12.5 MG	240	Tablets	30	DAYS			
Xenazine	Tetrabenazine Tab 25 MG	25 MG	120	Tablets	30	DAYS			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Austedo ; Austedo patient titration ; Austedo xr ; Austedo xr patient titrat	deutetrabenazine tab ; deutetrabenazine tab er ; deutetrabenazine tab er titration pack ; deutetrabenazine tab titration pack	12 & 18 & 24 & 30 MG ; 12 MG ; 18 MG ; 24 MG ; 30 MG ; 36 MG ; 42 MG ; 48 MG ; 6 & 12 & 24 MG ; 6 & 9 & 12 MG ; 6 MG ; 9 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ingrezza	valbenazine tosylate cap ; valbenazine tosylate cap therapy pack ; valbenazine tosylate capsule sprinkle	40 & 80 MG ; 40 MG ; 60 MG ; 80 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Xenazine	tetrabenazine tab	12.5 MG ; 25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Austedo	Deutetrabenazine Tab 12 MG	12 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Austedo	Deutetrabenazine Tab 6 MG	6 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Austedo	Deutetrabenazine Tab 9 MG	9 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Austedo xr	deutetrabenazine tab er	42 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Austedo xr	deutetrabenazine tab er	24 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Austedo xr	deutetrabenazine tab er	6 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Austedo xr	deutetrabenazine tab er	12 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Austedo xr	deutetrabenazine tab er	30 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Austedo xr	deutetrabenazine tab er	48 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Austedo xr	deutetrabenazine tab er	36 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Austedo xr	deutetrabenazine tab er	18 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Austedo xr patient titrat	deutetrabenazine tab er titration pack	12 & 18 & 24 & 30 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Austedo xr patient titrat	deutetrabenazine tab er titration pack	6 & 12 & 24 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ingrezza	Valbenazine Tosylate Cap	60 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ingrezza	Valbenazine Tosylate Cap 40 MG (Base Equiv)	40 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ingrezza	Valbenazine Tosylate Cap 80 MG (Base Equiv)	80 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ingrezza	Valbenazine Tosylate Cap Therapy Pack 40 MG (7) & 80 MG (21)	40 & 80 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ingrezza	valbenazine tosylate capsule sprinkle	40 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ingrezza	valbenazine tosylate capsule sprinkle	60 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ingrezza	valbenazine tosylate capsule sprinkle	80 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Xenazine	Tetrabenazine Tab 12.5 MG	12.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Xenazine	Tetrabenazine Tab 25 MG	25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval				
PA	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Brand</th> <th>Generic Equivalent</th> </tr> </thead> <tbody> <tr> <td>Xenazine</td> <td>tetrebenazine</td> </tr> </tbody> </table> <p>Initial Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The patient has a diagnosis of chorea associated with Huntington's disease OR B. The patient has a diagnosis of tardive dyskinesia AND ALL of the following: <ol style="list-style-type: none"> 1. The requested agent is Austedo/deutetrabenazine, Austedo XR/deutetrabenazine ER, or Ingrezza/valbenazine AND 2. ONE of the following: <ol style="list-style-type: none"> 1. The patient is NOT taking any medications known to cause tardive dyskinesia (i.e., dopamine receptor blocking agents) OR 2. The prescriber has reduced the dose or discontinued any medications known to cause tardive dyskinesia OR 3. A reduced dose or discontinuation of any medications known to cause tardive dyskinesia is not appropriate AND 3. The prescriber has evaluated the patient's tardive dyskinesia through clinical examination or through a structured evaluative tool (e.g., Abnormal Involuntary Movement Scale [AIMS], Dyskinesia Identification System: Condensed User Scale [DISCUS]) OR C. The patient has another FDA labeled indication for the requested agent and route of administration OR D. The patient has another indication that is supported in compendia for the requested agent and route of administration AND 2. If the request is for one of the brand agents listed above with an available generic equivalent, then ONE of the following: <ol style="list-style-type: none"> A. BOTH of the following: 	Brand	Generic Equivalent	Xenazine	tetrebenazine
Brand	Generic Equivalent				
Xenazine	tetrebenazine				

Module	Clinical Criteria for Approval
	<ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer OR B. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are required] AND 2. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR B. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR C. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes are required] OR D. The patient has tried and had an inadequate response to the generic equivalent [chart notes are required] OR E. The generic equivalent was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR F. The patient has an intolerance or hypersensitivity to the generic equivalent that is NOT expected to occur with the requested brand agent [chart notes are required] OR G. The patient has an FDA labeled contraindication to the generic equivalent that is NOT expected to occur with the requested brand agent [chart notes are required] OR H. The generic equivalent is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes are required] OR I. The generic equivalent is not in the best interest of the patient based on medical necessity [chart notes are required] OR J. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as the generic equivalent and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR K. There is support for the use of the requested brand agent over the generic equivalent AND 3. If the patient has an FDA labeled indication, then ONE of the following: <ol style="list-style-type: none"> A. The patient's age is within FDA labeling for the requested indication for the requested agent OR B. There is support for using the requested agent for the patient's age for the requested indication AND 4. The prescriber is a specialist in the area of the patient's diagnosis (e.g., psychiatrist, neurologist), or the prescriber has consulted with a specialist in the area of the patient's diagnosis AND 5. The patient will NOT be using the requested agent in combination with another VMAT2 Inhibitor agent AND 6. The patient does NOT have any FDA labeled contraindications to the requested agent <p>Compendia Allowed: AHFS, or DrugDex 1, 2a, or 2b level of evidence</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months ALL other plans: 12 months</p>

Module	Clinical Criteria for Approval
	<p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>The requested agent will also be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The request is for a BCBS NM Fully Insured or NM HIM member and ALL of the following: <ol style="list-style-type: none"> A. The patient does NOT have any FDA labeled contraindications to the requested agent AND B. The requested indication is a rare disease AND C. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 2. ALL of the following: <ol style="list-style-type: none"> A. The member resides in Ohio AND B. The plan is Fully Insured or HIM Shop (SG) AND C. The patient does NOT have any FDA labeled contraindications to the requested agent AND D. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] <p>Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months ALL other plans: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria</p> <p>Renewal Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process (Note: patients not previously approved for the requested agent will require initial evaluation review) AND

Module	Clinical Criteria for Approval
	<p>2. The prescriber is a specialist in the area of the patient’s diagnosis (e.g., psychiatrist, neurologist), or the prescriber has consulted with a specialist in the area of the patient’s diagnosis AND</p> <p>3. The patient has had clinical benefit with the requested agent AND</p> <p>4. If the request is for one of the brand agents listed above with an available generic equivalent, then ONE of the following:</p> <ul style="list-style-type: none"> A. BOTH of the following: <ul style="list-style-type: none"> 1. ONE of the following: <ul style="list-style-type: none"> A. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer OR B. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are required] AND 2. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR B. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR C. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes are required] OR D. The patient has tried and had an inadequate response to the generic equivalent [chart notes are required] OR E. The generic equivalent was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR F. The patient has an intolerance or hypersensitivity to the generic equivalent that is not expected to occur with the requested brand agent [chart notes are required] OR G. The patient has an FDA labeled contraindication to the generic equivalent that is not expected to occur with the requested brand agent [chart notes are required] OR H. The generic equivalent is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient’s adherence of care; OR worsen a comorbid condition; OR decrease the patient’s ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes are required] OR I. The generic equivalent is not in the best interest of the patient based on medical necessity [chart notes are required] OR J. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as the generic equivalent and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR K. There is support for the use of the requested brand agent over the generic equivalent AND <p>5. The patient will NOT be using the requested agent in combination with another VMAT2 Inhibitor agent AND</p> <p>6. The patient does NOT have any FDA labeled contraindications to the requested agent</p> <p>Compendia Allowed: AHFS, or DrugDex 1, 2a, or 2b level of evidence</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months ALL other plans: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none">1. The requested quantity (dose) does NOT exceed the program quantity limit OR2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following:<ol style="list-style-type: none">A. BOTH of the following:<ol style="list-style-type: none">1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND2. There is support for therapy with a higher dose for the requested indication ORB. BOTH of the following:<ol style="list-style-type: none">1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND2. There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit ORC. BOTH of the following:<ol style="list-style-type: none">1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND2. There is support for therapy with a higher dose for the requested indication <p>Length of Approval: 12 months</p>