Comments in Support: Senate Bill 448
From Chris Bouneff, Executive Director, NAMI Oregon
March 13, 2025
Senate Health Care Committee

NAMI Oregon wishes to express our support for Senate Bill 448, which would direct the Oregon Health Authority to study the impacts of tardive dyskinesia. Tardive dyskinesia is a serious movement disorder that individuals living with mental illness can experience as a side effect of medications that effectively treat symptoms of major conditions such as schizophrenia and bipolar disorder.

This is an important issue for NAMI Oregon, which is the state chapter of the National Alliance on Mental Illness. We are a grassroots, membership-governed organization of individuals and families who live with mental health conditions. Access to effective medications that treat the symptoms of mental health conditions is among our top priorities, which is why we conclude that SB 448 is worthy of our support.

Tardive dyskinesia is a very serious side effect of taking medications that treat the symptoms of serious mental illnesses, and it's a side effect that can become a permanent condition. This puts many patients in an untenable situation — to continue with medications that effectively ameliorate their symptoms but create uncomfortable or disabling involuntary movements or to discontinue their medications for less effective alternatives. The problem being that those alternatives introduce other side effects, such as obesity and heart disease. We are left in a quandary of what is the least harmful side effect.

Today, we have medications that effectively mitigate tardive dyskinesia, meaning people have greater choices when making an informed decision about mental health medications. However, access is a challenge. These medications are not included under Oregon's mental health medication carveout. They are subject to prior authorization and other access criteria, which is an understandable restriction. But with 16 different coordinated care organizations (CCOs), it becomes a web of confusion because there are 16 different sets of hoops to jump through to access a helpful medication.

NAMI's hope is that legislation such as SB 448 leads to a single set of criteria that address the hoops through which both prescribers and patients must jump to access an important classification of medications. We already have national standards established by the American Psychiatric Association. Oregon's Mental Health Clinical Advisory Group (MHCAG), an advisory body with robust expertise that's charged with setting best-practice medication and treatment algorithms, has also established standards for the Oregon Health Authority. Why must each CCO then add even more hoops that veer from national and state standards?

We include with our testimony an analysis that NAMI commissioned last fall that compares CCO criteria to both national and MHCAG criteria. When so much is known about a medication that helps people with serious mental illness stay on medications that address their mental health symptoms, to create even more arbitrary hurdles to access seems imprudent. This lack of uniformity is inefficient and needless and compromises patient care and long-term positive outcomes.

NAMI hopes that legislation such as SB 448 gets Oregon closer to quality uniform criteria so that access isn't arbitrarily based on the location in which an individual lives. We encourage your support for SB 448.

Overview of Oregon Managed Medicaid

Coordinated Care Organizations (CCOs)

VMAT2-Inhibitor Prior Authorization Criteria for Tardive Dyskinesia

November 2024

Links to Resources Used:

- **Oregon Health Authority (OHA) Prior Authorization Criteria for VMAT2-inhibitors (last updated November 2023):**
  - https://www.orpdl.org/durm/PA_Docs/vesicularmonoaminetransporter2.pdf

- **OHA Recommendations from Oct 5, 2023 P&T Meeting (most recent meeting where VMAT2s were reviewed):**
  - https://www.oregon.gov/oha/HPA/DSI-Pharmacy/PT%20Meeting%20Materials/23_1019_October%202023%20PT%20Recommendations_101923_final.pdf

- **OHA Mental Health Clinical Advisory Group Clinical Guidelines on Movement Disorders (April 2024)**
  - https://www.oregon.gov/oha/HPA/DSI-Pharmacy/MHCAGDocs/Recognition-and-Management-of-Antipsychotic-induced-Movement-Disorders_4-04-24.pdf
  - Tardive Dyskinesia starts on page 3

- **American Psychiatric Association Guideline for the Treatment of Patients with Schizophrenia (last updated Sept 2020):**
  - https://psychiatryonline.org/doi/epdf/10.1176/appi.books.9780890424841
  - Section 14 on VMAT2 medications for Tardive Dyskinesia starts on page 126 of 312

OHA = Oregon Health Authority
TD = Tardive Dyskinesia
HCP = Healthcare Provider
MHCAG = Mental Health Clinical Advisory Group
APA = American Psychiatric Association
PA = Prior Authorization
PMHNP = Psychiatric Mental Health Nurse Practitioner

CAREOREGON (Includes Columbia Pacific, Jackson Care Connect CCOs)

Criteria Type	CareOregon[1] (Last updated Oct 1, 2024)	OHA PA Criteria for VMAT2-inhibitors[2,3]	Oregon Mental Health Clinical Advisory Group[4]	American Psychiatric Association Guidelines[5]
Prescriber Specialty	Treatment has been initiated by or is currently supervised by appropriate specialist (**PMHNP and other mid-level excluded**)	Prescriber specialty criterion was **removed** per OHA Oct 2023 P&T meeting[3] "The Committee recommended revising the proposed clinical PA criteria to remove the requirement of a specialist for initial approval"[3]	"Regularly assess symptoms using validated tools like the Abnormal Involuntary Movement Scale (AIMS) which can be performed by **any clinician with appropriate training**" No specialist requirements mentioned.	No specialist requirements mentioned. In addition, newer VMAT2-inhibitors are generally well tolerated: "Studies of deutetrabenazine and valbenazine are consistent in showing negligible side effects as compared with placebo."
Trial and Failure Requirements	For valbenazine, trial and failure, or contraindication to, **tetrabenazine**	Does **not** require use of tetrabenazine before valbenazine or deutetrabenazine	"A VMAT2-inhibitor valbenazine or deutetrabenazine is suggested in individuals with moderate, severe, or disabling TD" Tetrabenazine is not listed in guidance	"In general, deutetrabenazine and valbenazine are preferred over tetrabenazine because of the greater evidence base supporting their use" "In initial studies of tetrabenazine for Huntington's disease, significant rates of depression and concerns about suicidal ideations were noted. However, in studies of deutetrabenazine and valbenazine in patients with TD, there **were no apparent increases** in depression or suicidal ideas"
TD Severity	Clear documentation that the TD meets one of the following: • Causing significant functional impairment	Requires diagnosis of moderate to severe TD	"A VMAT2-inhibitor valbenazine or deutetrabenazine is suggested in individuals with	"Patients who have moderate to severe or disabling tardive dyskinesia associated with antipsychotic therapy should be

	• Progression of TD symptoms worsening over time • Causing significant distress to the member		moderate, severe, or disabling TD"	treated with a VMAT2." "Treatment with a VMAT2 inhibitor can also be considered for patients with **mild TD** on the basis of such factors as patient preference, associated impairment, or effect on psychosocial functioning"
Change in Anti-Dopaminergic Therapy	Therapy modification of the dopamine receptor blocker satisfying one of the following: • Medication(s) precipitating the TD has been discontinued, but TD persists • At least 8 weeks trial of each of 2 other agents within the same therapeutic category at a clinically effective and maximum tolerated dose for the member's primary neuropsychiatric diagnoses • Documentation that therapy change of the medication(s) precipitating the TD could cause harm or is otherwise inappropriate	Consideration of change in antipsychotic therapy **not required** within criteria.	"Evidence for reducing symptoms of tardive dyskinesia by lowering the antipsychotic dose or switching to another antipsychotic is **insufficient**." TD "symptoms may be **irreversible** despite reducing the dose or discontinuing the antipsychotic medication."	"Dyskinetic movements may begin or increase in the context of an antipsychotic dose reduction. A lower dose of antipsychotic medication can be considered, **although evidence for this approach is minimal**, and the potential for benefit must be weighed against the possibility of recurrent symptoms or relapse."
AIMS Score	Documented baseline AIMS score	Requires AIMS score	"Regularly assess symptoms using validated tools like the AIMS, which can be performed by any clinician with appropriate training."	"When using scales such as the AIMS or the DISCUS, it should be noted that there is **no specific score threshold** that suggests a need for intervention."
Renewal Criteria	Requires documentation of BOTH of the following: • Follow-up AIMS assessment showing improvement from baseline • Documented improvement in	"Documented evidence of clinical improvement by a reduction in AIMS dyskinesia score from baseline"	"Discontinue if no clinically meaningful improvement is documented (for example, at least a 2-point reduction)"	No threshold for AIMS score improvement mentioned

	functioning such as ability to perform ADLs, reduction in falls, and increase in quality of life			

1. Vesicular Monoamine Transporter 2 Inhibitors. CareOregon. Updated October 1, 2024. Accessed October 20, 2024. Available at: https://www.careoregon.org/docs/default-source/providers/pharmacy-resources/pa-criteria/vesicular-monoamine-transporter-2-inhibitors.pdf

2. Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors. Oregon Health Authority. November 1, 2023. Accessed October 20, 2024. Available at: https://www.orpdl.org/durm/PA_Docs/vesicularmonoaminetransporter2.pdf

3. Oregon Health Authority Director's Decision on Pharmacy and Therapeutics (P&T) Committee Recommendations Dated October 5, 2023. Oregon Health Authority. October 19, 2023. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/PT%20Meeting%20Materials/23_1019_October%202023%20PT%20Recommendations_101923_final.pdf.

4. Recognition and Management of Antipsychotic-induced Movement Disorders. Oregon Health Authority. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/MHCAGDocs/Recognition-and-Management-of-Antipsychotic-induced-Movement-Disorders_4-04-24.pdf

The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. 3rd ed. Washington, DC: APA; 2021. Accessed October 20, 2024. Available at: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841.

ALLCARE CCO

Criteria Type	AllCare[1] (Last updated March 16, 2019)	OHA PA Criteria for VMAT2-inhibitors[2,3]	Oregon Mental Health Clinical Advisory Group[4]	American Psychiatric Association Guidelines[5]
TD Diagnosis	Must have ALL of the following: • Diagnosis of **schizophrenia, schizoaffective disorder, or mood disorder** according to DSM-IV criteria • DSM diagnosis of moderate to severe dopamine blocker-induced TD	Requires diagnosis of moderate to severe TD. No specific underlying behavioral health diagnoses required.	"A VMAT2-inhibitor valbenazine or deutetrabenazine is suggested in individuals with moderate, severe, or disabling TD" "Symptoms may be irreversible despite reducing the dose or discontinuing the antipsychotic medication."	"Patients who have moderate to severe or disabling tardive dyskinesia associated with antipsychotic therapy should be treated with a VMAT2." "Treatment with a VMAT2 inhibitor can also be considered for patients with **mild TD** on the basis of such factors as patient preference, associated impairment, or effect on psychosocial functioning"
TD Severity	TD is causing significant distress to the patient that impacts their activities of daily living (i.e. inability to feed oneself, frequent falls, missing school or work, impaired social interactions, etc)	Diagnosis of moderate to severe TD	"A VMAT2-inhibitor valbenazine or deutetrabenazine is suggested in individuals with moderate, severe, or disabling TD"	"Treatment with a VMAT2 inhibitor can also be considered for patients with **mild TD** on the basis of such factors as patient preference, associated impairment, or effect on psychosocial functioning"
Prescriber Type	Request is from an appropriate specialist (i.e. psychiatrist or neurologist)	Prescriber specialty criterion was **removed** per OHA Oct 2023 P&T meeting[3]	"Regularly assess symptoms using validated tools like the Abnormal Involuntary Movement Scale (AIMS) which can	No specialist requirements mentioned to initiate treatment. In addition, newer VMAT2-inhibitors

		"The Committee recommended revising the proposed clinical PA criteria to remove the requirement of a specialist for initial approval"[3]	be performed by **any clinician with appropriate training**" No specialist requirements mentioned.	are generally safe and well tolerated: "Studies of deutetrabenazine and valbenazine are consistent in showing negligible side effects as compared with placebo."
Exclusionary Criteria	For renewal: It has 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	Depression/suicidality contraindication question set applies to Huntington's disease indication only, and **not** for Tardive Dyskinesia	"Evidence does **not** suggest that the risk for depression and suicidality, possibly associated with VMAT-2 inhibitors in people with Huntington's disease, is observed in people with tardive dyskinesia."	"In studies of deutetrabenazine and valbenazine in patients with TD, there were **no apparent increases in depression or suicidal ideas** either in the randomized portions of the clinical trials or in longer open-label extension periods."
AIMS Score	Documented baseline AIMS score	Requires AIMS score	"Regularly assess symptoms using validated tools like the AIMS, which can be performed by any clinician with appropriate training."	"When using scales such as the AIMS or the DISCUS, it should be noted that there is **no specific score threshold** that suggests a need for intervention."
Other Plan Criteria	Member does not have "clinical features that were excluded from the drug study"	Not addressed	Not addressed	Not addressed

1. Vesicular Monoamine Transporter 2 Inhibitors. AllCare CCO Prior Authorization Criteria Summary. March 2019. Accessed October 1, 2024. Available at: https://www.allcarehealth.com/media/zgvohjst/umccomed0431-vmat2-inhibitors-web.pdf.

2. Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors. Oregon Health Authority. November 1, 2023. Accessed October 20, 2024. Available at: https://www.orpdl.org/durm/PA_Docs/vesicularmonoaminetransporter2.pdf.

3. Oregon Health Authority Director's Decision on Pharmacy and Therapeutics (P&T) Committee Recommendations Dated October 5, 2023. Oregon Health Authority. October 19, 2023. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/PT%20Meeting%20Materials/23_1019_October%202023%20PT%20Recommendations_101923_final.pdf.

4. Recognition and Management of Antipsychotic-induced Movement Disorders. Oregon Health Authority. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/MHCAGDocs/Recognition-and-Management-of-Antipsychotic-induced-Movement-Disorders_4-04-24.pdf

5. The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. 3rd ed. Washington, DC: APA; 2021. Accessed June 2022. Available at: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841.

6. Austedo and Austedo XR [Prescribing Information]. Parsippany, NJ: Teva Neurosciences, Inc. July 2024.

Ingrezza [Prescribing Information]. San Diego, CA: Neurocrine Biosciences, Inc. August 2024.

EASTERN OREGON CCO (EOCCO)

Criteria Type	EOCCO[1] (Last updated July 2024)	OHA PA Criteria for VMAT2-inhibitors[2,3]	Oregon Mental Health Clinical Advisory Group[4]	American Psychiatric Association Guidelines[5]
Prescriber Specialty	Medication is prescribed by, or in consultation with, a neurologist or psychiatrist	Prescriber specialty criterion was **removed** per OHA Oct 2023 P&T meeting[3] "The Committee recommended revising the proposed clinical PA criteria to remove the requirement of a specialist for initial approval"[3]	"Regularly assess symptoms using validated tools like the Abnormal Involuntary Movement Scale (AIMS) which can be performed by **any clinician with appropriate training**" No specialist requirements mentioned.	No specialist requirements mentioned. In addition, newer VMAT2-inhibitors are generally well tolerated: "Studies of deutetrabenazine and valbenazine are consistent in showing negligible side effects as compared with placebo."
Change in Anti-Dopaminergic Therapy	Member has failed to respond to a change, or is unable to switch current antidopaminergic therapy	Consideration of change in antipsychotic therapy **not required** within criteria.	"Evidence for reducing symptoms of tardive dyskinesia by lowering the antipsychotic dose or switching to another antipsychotic is **insufficient**." TD "symptoms may be **irreversible** despite reducing the dose or discontinuing the antipsychotic medication."	"Dyskinetic movements may begin or increase in the context of an antipsychotic dose reduction. A lower dose of antipsychotic medication can be considered, **although evidence for this approach is minimal**, and the potential for benefit must be weighed against the possibility of recurrent symptoms or relapse."
Exclusionary Criteria	Member does not have uncontrolled symptoms of depression, agitation, psychosis, or increased risk of suicidality, OR that the potential benefit of treatment with VMAT2 outweighs	Depression/suicidality contraindication question set applies to Huntington's disease indication only, and not for Tardive Dyskinesia	"Evidence does **not** suggest that the risk for depression and suicidality, possibly associated with VMAT-2 inhibitors in people with Huntington's disease, is	"In studies of deutetrabenazine and valbenazine in patients with TD, there were no apparent increases in depression or suicidal ideas either in the randomized portions of the clinical trials or in

	the risk of depression or suicidality		observed in people with tardive dyskinesia."	longer open-label extension periods."

1. Pharmacy Coverage Policy EOCCO157. Eastern Oregon Coordinated Care Organization. Updated July 2024. Accessed September 10, 2024. Available at: https://www.eocco.com/-/media/EOCCO/PDFs/Formulary/tetrabenazine-Xenazine-deutetrabenazine-Austedo-valbenazine-Ingrezza.pdf.

2. Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors. Oregon Health Authority. November 1, 2023. Accessed October 20, 2024. Available at: https://www.orpdl.org/durm/PA_Docs/vesicularmonoaminetransporter2.pdf.

3. Oregon Health Authority Director's Decision on Pharmacy and Therapeutics (P&T) Committee Recommendations Dated October 5, 2023. Oregon Health Authority. October 19, 2023. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/PT%20Meeting%20Materials/23_1019_October%202023%20PT%20Recommendations_101923_final.pdf.

4. Recognition and Management of Antipsychotic-induced Movement Disorders. Oregon Health Authority. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/MHCAGDocs/Recognition-and-Management-of-Antipsychotic-induced-Movement-Disorders_4-04-24.pdf

5. The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. 3rd ed. Washington, DC: APA; 2021. Accessed June 2022. Available at: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841.

6. Austedo and Austedo XR [Prescribing Information]. Parsippany, NJ: Teva Neurosciences, Inc. July 2024.

Ingrezza [Prescribing Information]. San Diego, CA: Neurocrine Biosciences, Inc. August 2024.

INTERCOMMUNITY HEALTH NETWORK CCO (Samaritan Health Services)

Criteria Type	Intercommunity Health Network[1] (Last updated July 2023)	OHA PA Criteria for VMAT2-inhibitors[2,3]	Oregon Mental Health Clinical Advisory Group[4]	American Psychiatric Association Guidelines[5]
Trial and Failure Requirements	Trial and failure to clonazepam and amantadine	Does **not** require trial and failure of off-label drugs for Tardive Dyskinesia	"Amantadine and benzodiazepines are **not helpful**, and use **should be avoided** for treatment of TD"	"Data […] are **insufficient to support use of amantadine** for treatment of TD. Other studies of treatments for TD have been discussed in systematic reviews, as summarized in Table C–2. On the basis of these findings, there is **insufficient evidence** to support a guideline statement on use of these treatments in individuals with TD." (Note: Table C-2 in the guidelines includes anticholinergics, benzodiazepines, and changing of antipsychotic to clozapine)
Prescriber Specialty	Neurologist or Psychiatrist	Prescriber specialty criterion was **removed** per OHA Oct 2023 P&T meeting[3] "The Committee recommended revising the proposed clinical PA criteria to remove the requirement of a specialist for initial approval"[3]	"Regularly assess symptoms using validated tools like the Abnormal Involuntary Movement Scale (AIMS) which can be performed by **any clinician with appropriate training**" No specialist requirements mentioned.	No specialist requirements mentioned. In addition, newer VMAT2-inhibitors are generally well tolerated: "Studies of deutetrabenazine and valbenazine are consistent in showing negligible side effects as compared with placebo."

TD Diagnosis	Clinical documentation of TD required, including all of the following: • At least 1 month of past or current exposure to a dopamine receptor blocker • Dyskinetic or dystonic involuntary movements • Exclusion of other causes of abnormal movements AND • Clear documentation that TD causes functional impairment	Requires diagnosis of moderate to severe TD. No specific underlying behavioral health diagnoses required.	"A VMAT2-inhibitor valbenazine or deutetrabenazine is suggested in individuals with moderate, severe, or disabling TD" "Symptoms may be irreversible despite reducing the dose or discontinuing the antipsychotic medication."	"Patients who have moderate to severe or disabling tardive dyskinesia associated with antipsychotic therapy should be treated with a VMAT2." "Treatment with a VMAT2 inhibitor can also be considered for patients with **mild TD** on the basis of such factors as patient preference, associated impairment, or effect on psychosocial functioning"
Change in Anti-Dopaminergic Therapy	Requires documentation of one of the following: • Discontinuation of medication precipitating TD • Trial and failure of an 8-week trial of at least 2 other agents within the same therapeutic category at a clinically effective and maximally tolerated dose • Evidence the medications precipitating TD are medically necessary	Consideration of change in antipsychotic therapy **not required** within criteria.	"Evidence for reducing symptoms of tardive dyskinesia by lowering the antipsychotic dose or switching to another antipsychotic is **insufficient**." TD "symptoms may be **irreversible** despite reducing the dose or discontinuing the antipsychotic medication."	"Dyskinetic movements may begin or increase in the context of an antipsychotic dose reduction. A lower dose of antipsychotic medication can be considered, **although evidence for this approach is minimal**, and the potential for benefit must be weighed against the possibility of recurrent symptoms or relapse."
AIMS Score	Documentation of AIMS scale as baseline	Requires AIMS score	"Regularly assess symptoms using validated tools like the AIMS, which can be performed by any clinician with appropriate training."	"When using scales such as the AIMS or the DISCUS, it should be noted that there is **no specific score threshold** that suggests a need for intervention."
Renewal Criteria	Requires BOTH of the following:	"Documented evidence of	"Discontinue if no clinically	No threshold for AIMS score

	• Follow-up AIMS assessment showing improvement from baseline • Documented improvement in functioning such as ability to perform ADLs, reduction in falls, and increase in quality of life	clinical improvement by a reduction in AIMS dyskinesia score from baseline"	meaningful improvement is documented (for example, at least a 2-point reduction)"	improvement mentioned

1. Prior Authorization Criteria. InterCommunity Health Network. July 1, 2023. Accessed October 20, 2024. Available at: https://fm.formularynavigator.com/FormularyNavigator/DocumentManager/Download?clientDocumentId=FDiFSTfCTEGaMAdmanWGKA.

2. Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors. Oregon Health Authority. November 1, 2023. Accessed October 20, 2024. Available at: https://www.orpdl.org/durm/PA_Docs/vesicularmonoaminetransporter2.pdf.

3. Oregon Health Authority Director's Decision on Pharmacy and Therapeutics (P&T) Committee Recommendations Dated October 5, 2023. Oregon Health Authority. October 19, 2023. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/PT%20Meeting%20Materials/23_1019_October%202023%20PT%20Recommendations_101923_final.pdf.

4. Recognition and Management of Antipsychotic-induced Movement Disorders. Oregon Health Authority. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/MHCAGDocs/Recognition-and-Management-of-Antipsychotic-induced-Movement-Disorders_4-04-24.pdf

The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. 3rd ed. Washington, DC: APA; 2021. Accessed June 2022. Available at: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841.

Criteria Type	PacificSource[1] (Last updated October 2024)	OHA PA Criteria for VMAT2-inhibitors[2,3]	Oregon Mental Health Clinical Advisory Group[4]	American Psychiatric Association Guidelines[5]
Prescriber Specialty	Prescribed by, or in consultation with, a neurologist or psychiatrist	Prescriber specialty criterion was **removed** per OHA Oct 2023 P&T meeting[3] "The Committee recommended revising the proposed clinical PA criteria to remove the requirement of a specialist for initial approval"[3]	"Regularly assess symptoms using validated tools like the Abnormal Involuntary Movement Scale (AIMS) which can be performed by **any clinician with appropriate training**" No specialist requirements mentioned.	No specialist requirements mentioned. In addition, newer VMAT2-inhibitors are generally well tolerated: "Studies of deutetrabenazine and valbenazine are consistent in showing negligible side effects as compared with placebo."
TD Diagnosis	Diagnosis of moderate to severe TD including ALL of the following: • A history of at least one month of ongoing or previous dopamine receptor-blocking agent exposure • Presence of dyskinetic or dystonic involuntary movements that developed either while exposed to a dopamine receptor-blocking agent, or within 4 weeks of discontinuation from an oral agent (8 weeks from a depot formulation) • Other causes of abnormal movements have been excluded	Requires diagnosis of moderate to severe TD.	"A VMAT2-inhibitor valbenazine or deutetrabenazine is suggested in individuals with moderate, severe, or disabling TD" "Symptoms may be irreversible despite reducing the dose or discontinuing the antipsychotic medication."	"Patients who have moderate to severe or disabling tardive dyskinesia associated with antipsychotic therapy should be treated with a VMAT2." "Treatment with a VMAT2 inhibitor can also be considered for patients with **mild TD** on the basis of such factors as patient preference, associated impairment, or effect on psychosocial functioning"
Change in Anti-Dopaminergic Therapy	Requires one of the following: • Persistent dyskinesia despite dose reduction	Consideration of change in antipsychotic therapy **not**	"Evidence for reducing symptoms of tardive dyskinesia by lowering the	"Dyskinetic movements may begin or increase in the context of an antipsychotic

	or discontinuation of the offending agent • Documented clinical inability to reduce dose or discontinue the offending agent	**required** within criteria.	antipsychotic dose or switching to another antipsychotic is **insufficient**." TD "symptoms may be **irreversible** despite reducing the dose or discontinuing the antipsychotic medication."	dose reduction. A lower dose of antipsychotic medication can be considered, **although evidence for this approach is minimal**, and the potential for benefit must be weighed against the possibility of recurrent symptoms or relapse."
AIMS Score	Baseline evaluation of the condition using one of the following: • Abnormal Involuntary Movement Scale (AIMS) • Extrapyramidal Symptom Rating Scale (ESRS)	Requires AIMS score	"Regularly assess symptoms using validated tools like the AIMS, which can be performed by any clinician with appropriate training."	"When using scales such as the AIMS or the DISCUS, it should be noted that there is **no specific score threshold** that suggests a need for intervention."
Renewal Criteria	Must include improvement in AIMS or ESRS score from baseline	"Documented evidence of clinical improvement by a reduction in AIMS dyskinesia score from baseline"	"Discontinue if no clinically meaningful improvement is documented (for example, at least a 2-point reduction)"	No threshold for AIMS score improvement mentioned

1. 2024 Prior Authorization Criteria. PacificSource. October 15, 2024. Accessed October 20, 2024. Available at: https://pacificsource.com/sites/default/files/2024-06/2023-Medicaid-Preapproval-Criteria-05152023.pdf.

2. Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors. Oregon Health Authority. November 1, 2023. Accessed October 20, 2024. Available at: https://www.orpdl.org/durm/PA_Docs/vesicularmonoaminetransporter2.pdf.

3. Oregon Health Authority Director's Decision on Pharmacy and Therapeutics (P&T) Committee Recommendations Dated October 5, 2023. Oregon Health Authority. October 19, 2023. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/PT%20Meeting%20Materials/23_1019_October%202023%20PT%20Recommendations_101923_final.pdf.

4. Recognition and Management of Antipsychotic-induced Movement Disorders. Oregon Health Authority. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/MHCAGDocs/Recognition-and-Management-of-Antipsychotic-induced-Movement-Disorders_4-04-24.pdf

The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. 3rd ed. Washington, DC: APA; 2021. Accessed June 2022. Available at: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841.

PROVIDENCE HEALTH PLAN (also applies to YAMHILL CCO)

Criteria Type	Providence and Yamhill[1,2] (Last updated October 2024)	OHA PA Criteria for VMAT2-inhibitors[3,4]	Oregon Mental Health Clinical Advisory Group[5]	American Psychiatric Association Guidelines[6]
Trial and Failure Requirements	For deutetrabenazine and valbenazine, trial (of at least eight weeks) and failure of, or intolerance to, **tetrabenazine**	Does not require use of tetrabenazine before valbenazine or deutetrabenazine	"A VMAT2-inhibitor valbenazine or deutetrabenazine is suggested in individuals with moderate, severe, or disabling TD" Tetrabenazine is not listed in guidance	"In general, deutetrabenazine and valbenazine are preferred over tetrabenazine because of the greater evidence base supporting their use" "In initial studies of tetrabenazine for Huntington's disease, significant rates of depression and concerns about suicidal ideations were noted. However, in studies of deutetrabenazine and valbenazine in patients with TD, there **were no apparent increases** in depression or suicidal ideas"
Prescriber Specialty	Must be prescribed by, or in consultation with, a neurologist or psychiatrist	Prescriber specialty criterion was **removed** per OHA Oct 2023 P&T meeting[4] "The Committee recommended revising the proposed clinical PA criteria to remove the requirement of a specialist for initial approval"[4]	"Regularly assess symptoms using validated tools like the Abnormal Involuntary Movement Scale (AIMS) which can be performed by **any clinician with appropriate training**" No specialist requirements mentioned.	No specialist requirements mentioned. In addition, newer VMAT2-inhibitors are generally well tolerated: "Studies of deutetrabenazine and valbenazine are consistent in showing negligible side effects as compared with placebo."
TD Diagnosis and Severity	Requires BOTH of the following: • Diagnosis of TD secondary to therapy with a	Requires diagnosis of moderate to severe TD.	"A VMAT2-inhibitor valbenazine or deutetrabenazine is suggested in	"When using scales such as the AIMS or the DISCUS, it should be noted

	dopamine-receptor blocking agent • Documentation of moderation to severe TD that is causing functional impairment, defined as **AIMS score of 3 or 4 on any one of items 1-9**, OR TD that is interfering with activities of daily living	No minimum AIMS threshold required for treatment.	individuals with moderate, severe, or disabling TD" No minimum AIMS threshold required for treatment.	that there is **no specific score threshold** that suggests a need for intervention." "Patients who have moderate to severe or disabling tardive dyskinesia associated with antipsychotic therapy should be treated with a VMAT2." "Treatment with a VMAT2 inhibitor can also be considered for patients with **mild TD** on the basis of such factors as patient preference, associated impairment, or effect on psychosocial functioning"

1. Neuromuscular Drugs: VMAT2 Inhibitors. Providence Health Plan. October 1, 2024. Accessed October 20, 2024. Available at: https://fm.formularynavigator.com/FormularyNavigator/DocumentManager/Download?clientDocumentId=ihoXQauiSECvi78r933yxQ.
2. Yamhill Community Care Drug Search. September 2024. Accessed September 12, 2024. Available at: https://client.formularynavigator.com/Search.aspx?siteCode=5971235879.
3. Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors. Oregon Health Authority. November 1, 2023. Accessed October 20, 2024. Available at: https://www.orpdl.org/durm/PA_Docs/vesicularmonoaminetransporter2.pdf.
4. Oregon Health Authority Director's Decision on Pharmacy and Therapeutics (P&T) Committee Recommendations Dated October 5, 2023. Oregon Health Authority. October 19, 2023. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/PT%20Meeting%20Materials/23_1019_October%202023%20PT%20Recommendations_101923_final.pdf.
5. Recognition and Management of Antipsychotic-induced Movement Disorders. Oregon Health Authority. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/MHCAGDocs/Recognition-and-Management-of-Antipsychotic-induced-Movement-Disorders_4-04-24.pdf

The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. 3rd ed. Washington, DC: APA; 2021. Accessed June 2022. Available at: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841.

Criteria Type	Trillium[1] (Last updated May 2024)	OHA PA Criteria for VMAT2-inhibitors[2,3]	Oregon Mental Health Clinical Advisory Group[4]	American Psychiatric Association Guidelines[5]
Prescriber Specialty	Prescribed by, or in consultation with, a psychiatrist or neurologist	Prescriber specialty restriction was **removed** per OHA Oct 2023 P&T meeting[3] "The Committee recommended revising the proposed clinical PA criteria to remove the requirement of a specialist for initial approval"[3]	"Regularly assess symptoms using validated tools like the Abnormal Involuntary Movement Scale (AIMS) which can be performed by **any clinician with appropriate training**" No specialist requirements mentioned.	No specialist requirements mentioned to initiate treatment. In addition, newer VMAT2-inhibitors are generally safe and well tolerated: "Studies of deutetrabenazine and valbenazine are consistent in showing negligible side effects as compared with placebo."
AIMS Score	Evidence of moderate to severe TD supported by **AIMS score of 3 or 4** on any one of items 1-9	No minimum AIMS score threshold is required to initiate therapy.	"Regularly assess symptoms using validated tools like the AIMS, which can be performed by any clinician with appropriate training."	"When using scales such as the AIMS or the DISCUS, it should be noted that there is **no specific score threshold** that suggests a need for intervention. In addition, the same total score can be associated with significantly different clinical manifestations and varying impacts on the patient" "Treatment with a VMAT2 inhibitor can also be considered for patients with **mild TD** on the basis of such factors as patient preference, associated impairment, or

				effect on psychosocial functioning"
Trial and Failure Requirements	For deutetrabenazine or valbenazine, member has failed treatment with **tetrabenazine** at up to 200 mg per day (unless contraindicated or clinically significant AEs are experienced)	Does not require use of tetrabenazine before valbenazine or deutetrabenazine	"A VMAT2-inhibitor valbenazine or deutetrabenazine is suggested in individuals with moderate, severe, or disabling TD" Tetrabenazine is not listed in guidance	"In general, deutetrabenazine and valbenazine are preferred over tetrabenazine because of the greater evidence base supporting their use" In initial studies of tetrabenazine for Huntington's disease, significant rates of depression and concerns about suicidal ideations were noted. However, in studies of deutetrabenazine and valbenazine in patients with TD, there were **no apparent increases** in depression or suicidal ideas"
Renewal Criteria	Evidence of improvement by a reduction in AIMS dyskinesia score (items 1-7) **by at least 50%**	"Documented evidence of clinical improvement by a reduction in AIMS dyskinesia score from baseline" Previously, OHA PA criteria required ≥50% AIMS reduction from baseline for renewal but Committee decided to **remove the 50% improvement requirement**, as is not evidence-based, and may lead to increased difficulty for more severe patients starting with higher baseline to continue treatment (from Oct 5, 2023 P&T Committee meeting)[3]	"Discontinue if no clinically meaningful improvement is documented (e.g. at least a 2-point reduction)"	No threshold for AIMS score improvement mentioned
	Mental status of the patient is	Depression/suicidality contraindication	"Evidence does **not** suggest that	"In studies of deutetrabenazine

	stable and there is no risk of uncontrolled depression or risk of violent or suicidal behavior	question set applies to Huntington's disease indication only, and **not** for Tardive Dyskinesia	the risk for depression and suicidality, possibly associated with VMAT-2 inhibitors in people with Huntington's disease, is observed in people with tardive dyskinesia."	and valbenazine in patients with TD, there **were no apparent increases in depression or suicidal ideas** either in the randomized portions of the clinical trials or in longer open-label extension periods."

1. Clinical Policy: Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors. Trillium Community Health Plan. May 2024. Accessed October 20, 2024. Available at: https://www.trilliumohp.com/content/dam/centene/trillium/policies/pharmacy-policies/OR.CP.PHAR.1004.pdf.

2. Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors. Oregon Health Authority. November 1, 2023. Accessed October 20, 2024. Available at: https://www.orpdl.org/durm/PA_Docs/vesicularmonoaminetransporter2.pdf.

3. Oregon Health Authority Director's Decision on Pharmacy and Therapeutics (P&T) Committee Recommendations Dated October 5, 2023. Oregon Health Authority. October 19, 2023. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/PT%20Meeting%20Materials/23_1019_October%202023%20PT%20Recommendations_101923_final.pdf.

4. Recognition and Management of Antipsychotic-induced Movement Disorders. Oregon Health Authority. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/MHCAGDocs/Recognition-and-Management-of-Antipsychotic-induced-Movement-Disorders_4-04-24.pdf

5. The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. 3rd ed. Washington, DC: APA; 2021. Accessed June 2022. Available at: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841.

6. Austedo and Austedo XR [Prescribing Information]. Parsippany, NJ: Teva Neurosciences, Inc. July 2024.

Ingrezza [Prescribing Information]. San Diego, CA: Neurocrine Biosciences, Inc. August 2024.

UMPQUA HEALTH

Criteria Type	Umpqua[1] (Last updated Feb 2024)	OHA PA Criteria for VMAT2-inhibitors[2,3]	Oregon Mental Health Clinical Advisory Group[4]	American Psychiatric Association Guidelines[5]
AIMS Score	Documented baseline "Abnormal Voluntary Movement Scale (AIMS)" score of **10 or greater** on a scale of 0-20	No minimum AIMS score threshold required to initiate treatment	"Regularly assess symptoms using validated tools like the AIMS, which can be performed by any clinician with appropriate training."	"When using scales such as the AIMS or the DISCUS, it should be noted that there **is no specific score threshold** that suggests a need for intervention. "In addition, the same total score can be associated with significantly different clinical manifestations and varying impacts on the patient." "Treatment with a VMAT2-inhibitor **can also be considered for patients with mild TD** on the basis of such factors as patient preference, associated impairment, or effect on psychosocial functioning."
Renewal Criteria	Documented evidence of improvement in AIMS score **by at least 50% from baseline**	"Documented evidence of clinical improvement by a reduction in AIMS dyskinesia score from baseline" Previously, OHA PA criteria required ≥50% AIMS reduction from baseline for renewal but Committee decided to **remove the 50%**	"Discontinue if no clinically meaningful improvement is documented (e.g. at least a 2-point reduction)"	No threshold for AIMS score improvement mentioned

		improvement requirement, as is not evidence-based, and may lead to increased difficulty for more severe patients starting with higher baseline to continue treatment (from Oct 5, 2023 P&T Committee meeting)[3]		
Prescriber Specialty	Prescribed by, or in consultation with, a neurologist or psychiatrist	Prescriber specialty restriction was **removed** per OHA Oct 2023 P&T meeting[3] "The Committee recommended revising the proposed clinical PA criteria to remove the requirement of a specialist for initial approval"[3]	"Regularly assess symptoms using validated tools like the Abnormal Involuntary Movement Scale (AIMS) which can be performed by **any clinician with appropriate training**" No specialist requirements mentioned.	No specialist requirements mentioned to initiate treatment. In addition, newer VMAT2-inhibitors are generally safe and well tolerated: "Studies of deutetrabenazine and valbenazine are consistent in showing negligible side effects as compared with placebo."
Discontinuation of the Anti-Dopaminergic Therapy	Requires persistent dyskinesia despite cessation of offending agent, or documented inability to discontinue offending agent	Consideration of change in antipsychotic therapy **not required** within criteria.	"Evidence for reducing symptoms of tardive dyskinesia by lowering the antipsychotic dose or switching to another antipsychotic is **insufficient**."	"Dyskinetic movements may begin or increase in the context of an antipsychotic dose reduction. A lower dose of antipsychotic medication can be considered, **although evidence for this approach is minimal**, and the potential for benefit must be weighed against the possibility of recurrent symptoms or relapse."
Other Plan Criteria	Patient does not have localized form of dystonia, or if yes, has tried and	Not in required criteria	Not addressed in Tardive Dyskinesia section	Not addressed in Tardive Dyskinesia section

	failed or has a contraindication to botulinum toxin injections			
	Provider has performed a urine drug screen to rule out non-prescribed drug causes of TD (appropriate results would include the absence of THC, cocaine, benzodiazepines, opiates, or other non-prescribed substances)	Not in required criteria	Not a recommendation	Not a recommendation
	Patient recently been evaluated and determined not to be at risk for a prolonged QT interval	Not in required criteria	Not a recommendation	Not a recommendation
	Request is for the least costly VMAT2 inhibitor approved for the indication OR Member has had an adequate trial and failure of, contraindication to, or intolerance to the less costly alternative agent (adequate trial is defined as adherent to therapy for at least 3 consecutive months, MPR greater than or equal to 80% or no gaps between fills that exceed 5 days)	Not in required criteria	Not addressed	Not addressed

1. Pharmacy Utilization Management Guidelines. Umpqua Health Alliance. February 1, 2024. Accessed October 20, 2024. Available at: https://www.umpquahealth.com/wp-content/uploads/2024/02/uha-pa-guidelines_2024-02-01.pdf.

2. Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors. Oregon Health Authority. November 1, 2023. Accessed October 20, 2024. Available at: https://www.orpdl.org/durm/PA_Docs/vesicularmonoaminetransporter2.pdf.

3. Oregon Health Authority Director's Decision on Pharmacy and Therapeutics (P&T) Committee Recommendations Dated October 5, 2023. Oregon Health Authority. October 19, 2023. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/PT%20Meeting%20Materials/23_1019_October%202023%20PT%20Recommendations_101923_final.pdf.

4. Recognition and Management of Antipsychotic-induced Movement Disorders. Oregon Health Authority. Accessed October 20, 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-Pharmacy/MHCAGDocs/Recognition-and-Management-of-Antipsychotic-induced-Movement-Disorders_4-04-24.pdf

5. The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. 3rd ed. Washington, DC: APA; 2021. Accessed June 2022. Available at: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841.

6. Abnormal Involuntary Movement Scale (AIMS). American Academy of Child and Adolescent Psychiatry (AACAP). September 2000. Accessed October 20, 2024. Available at: https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/monitoring/AIMS.pdf.

7. Austedo and Austedo XR [Prescribing Information]. Parsippany, NJ: Teva Neurosciences, Inc. July 2024.

Ingrezza [Prescribing Information]. San Diego, CA: Neurocrine Biosciences, Inc. August 2024.

Additional CCOs

Plan Name	Notes
Advanced Health CCO	No VMAT2-specific PA criteria found within posted list (last updated March 25, 2024) Per Advanced Health website, "**OHA Fee For Service Drug Use Criteria will be used** for coverage determinations for which Advanced Health criteria is not available"
Cascade Health Alliance CCO	Unable to find criteria online