

Comparison of VMAT2 Inhibitors			
	Valbenazine (Ingrezza)	Deutetrabenazine (Austedo)	Tetrabenazine (Xenazine)
Dosing	40 mg po qday, increase to 80 mg/day after 1 week	6 mg po qday, increase weekly in 6 mg/day increments as tolerated to a maximum of 48 mg/day; doses > 12 mg should be divided into 2 doses	12.5–100 mg in divided doses 3 times per day
Dose adjustment	Liver impairment/ strong CYP2D6/3A4 inhibitors and poor CYP2D6 metabolizers: maximum daily dose of 40 mg	Strong CYP2D6 inhibitors/poor metabolizers: maximum daily dose of 36 mg, maximum single dose of 18 mg	Strong CYP2D6 inhibitors/poor metabolizers: maximum daily dose of 50 mg, maximum single dose of 25 mg
Drug interactions	Avoid use with MAOIs and strong CYP3A4 inducers (eg, carbamazepine, phenytoin, phenobarbital, St. John's wort)	Avoid use with MAOIs; monitor QTc interval in patients taking > 24 mg/day who are also on other QTc-prolonging medications	Avoid use with MAOIs
Adverse effects	Somnolence, dry mouth, akathisia, headache, urinary tract infection	Somnolence, dry mouth, akathisia, headache, anxiety, QTc prolongation (rare), depression in patients with Huntington's disease	Somnolence, fatigue, insomnia, anxiety, nausea, depression in patients with Huntington's disease
Contraindications	No contraindications but avoid in patients with impaired renal function or who are pregnant or breast-feeding	Contraindicated in patients with hepatic impairment and patients with suicidal ideation or untreated/ inadequately treated depression	Contraindicated in patients with suicidal ideation or untreated/ inadequately treated depression
Special information		Black box warning for increased risk of depression and suicidality in patients with Huntington's disease	Black box warning for increased risk of depression and suicidality in patients with Huntington's disease

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