Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

Ingrezza™ (valbenazine) PA CRITERIA:

Ingrezza is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of adults with tardive dyskinesia.

Prescriber is, or has consulted with a neurologist or psychiatrist.

Initial Authorization: Approval duration: 12 weeks

☐ Yes ☐ No Patient must be within the age range as recommended by the FDA label;

AND

☐ Yes ☐ No Provide chart documentation from consulting provider within the past year upon request:

- Evaluation by treating neurologist or psychiatrist;
  - Name:_____
- ***Requested tardive dyskinesia (TD) regimen:***

  _____

AND

☐ Yes ☐ No MAO inhibitor (at least 14-days post therapy), reserpine (must be >20 days post therapy) or any other VMAT2 inhibitor is not being used with Ingrezza

AND

☐ Yes ☐ No Diagnosis of TD meeting DSM-V criteria (must meet **ALL):**

- Involuntary athetoid or choreiform movements ***AND***
- Documentation or claims history of current or former use of a dopamine receptor blocker agent (DRBA) (e.g., antipsychotic, metoclopramide, prochloperazine, droperidol, promethazine, etc.) ***AND***
- Symptom duration lasting at least 4-8 weeks

AND

☐ Yes ☐ No Prescriber must provide a brief description of:

- Medical necessity of therapy by documenting all target symptoms and their impact on the patient's function and activities of daily living; ***AND***
- Comprehensive review of the patient's current medications and TD risk mitigation strategies; ***AND***
- Baseline evaluation documentation of moderate to severe tardive dyskinesia, including the results of an Abnormal Involuntary Movement Scale (AIMS)

MISSISSIPPI DIVISION OF MEDICAID

Reauthorization criteria: Approval duration: 52 weeks

☐ Yes ☐ No Continues to meet criteria defined for initial approval;

AND

☐ Yes ☐ No Prescriber must submit:

- Chart documentation of a positive clinical response from baseline evaluation of moderate to severe TD
  AND
- Current AIMS assessment rating evaluation form score that should show at a minimum a 1 point reduction from baseline in at least one of the 1-7 domain areas scored as moderate to severe.

See Package Insert for specific details on Contraindications/Warnings/Precautions

Dosing: ***See Dose Optimization guidance below**

- The initial dose for Ingrezza is 40 mg once daily. After one week, increase the dose to the recommended dose of 80 mg once daily. Continuation of 40 mg once daily may be considered for some patients.
- Dose modifications – see Package Insert for specific dose recommendations

How Supplied:
28 day starter pack: 7 x 40 mg and 21 x 80 mg capsules,
40 mg (bottle of 30 capsules and bottle of 90 capsules), and
80 mg tablets (bottle of 30 capsules)

***Dose Optimization:**

- Once patient has achieved a stable maintenance dose of 80 mg per day, Medicaid will cover for one 80 mg tablet and not two 40 mg tablets.