



## Prior Authorization Criteria

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### **Ingrezza™ (valbenazine) PA CRITERIA:**

Ingrezza is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of adults with tardive dyskinesia or chorea associated with Huntington's disease.

**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:***

\_\_\_\_\_

**OR**

- ***Requested chorea associated with Huntington's disease 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, prochlorperazine, 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)

**OR**

- Yes  No Diagnosis of chorea associated with Huntington’s disease;

**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**
  - Baseline evaluation documentation of chorea, including the results of a (UHDRS-TMS) Unified Huntington’s Disease Rating Scale – Total Motor Score

**Reauthorization criteria: Approval duration: 52 weeks****Tardive Dyskinesia (TD) :**

- 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.

**Chorea associated with Huntington’s disease:**

- 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 chorea associated with Huntington’s disease

**AND**

- Current (UHRS-TMS) Unified Huntington's Disease Rating Scale – Total Motor Score assessment showing a minimum of a 1 point improvement in TMS

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

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

**Tardive dyskinesia:**

- 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 or 60mg once daily may be considered for some patients.
- Dose modifications – see Package Insert for specific dose recommendations

**Chorea associated with Huntington's disease:**

- The initial dose for Ingrezza is 40 mg once daily. Increase the dose in 20mg increments every two weeks to the recommended dosage of 80mg once daily.
- 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, (4 week initiation pack for tardive dyskinesia)

28 day starter pack: 14 x 40 mg and 14 x 60 mg capsules, (4 week initiation pack for chorea associated with Huntington's disease)

40 mg (bottle of 30 capsules),  
60mg (bottle of 30 capsules), and  
80 mg (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.