

Reference number
1750-A

# SPECIALTY GUIDELINE MANAGEMENT

## INGREZZA (valbenazine)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Treatment of adults with tardive dyskinesia

All other indications are considered experimental/investigational and not medically necessary.

#### II. DOCUMENTATION

Submission of the following information is necessary for both initial approval and continuation of therapy prior authorization reviews: Documentation of score of items 1 to 7 of the Abnormal Involuntary Movement Scale (AIMS).

#### III. CRITERIA FOR INITIAL APPROVAL

##### **Tardive dyskinesia**

Authorization of 6 months may be granted for treatment of tardive dyskinesia when the baseline AIMS score for items 1 to 7 is obtained.

#### IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for treatment of tardive dyskinesia when the member's tardive dyskinesia symptoms have improved as indicated by a decreased AIMS score (items 1 to 7) from baseline.

#### V. REFERENCES

1. Ingrezza [package insert]. San Diego, CA: Neurocrine Biosciences, Inc.; April 2020.
2. Hauser, Robert, et al. KINECT-3: A Phase 3 Randomized, Double-Blind, Placebo-Controlled Trial of Valbenazine for Tardive Dyskinesia. *American Journal of Psychiatry*. 2017 Mar 21: 1-9.