

Generic Name: Valbenazine**Preferred:** N/A**Therapeutic Class or Brand Name:** Ingrezza**Non-preferred:** N/A**Applicable Drugs (if Therapeutic Class):** N/A**Date of Origin:** 2/9/2021**Date Last Reviewed / Revised:** 12/12/2022

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VII are met)

- I. Documented diagnosis of tardive dyskinesia meeting DSM-V criteria and meets all criteria A through C:
 - A. Involuntary athetoid or choreiform movements.
 - B. Documentation of treatment with a dopamine receptor blocking agent (DRBA) such as an antipsychotic or metoclopramide.
 - C. Symptom duration at least 8 weeks.
- II. Documented functional impairment due to moderate-to-severe tardive dyskinesia symptoms (ie, limitations of activities of daily living (ADLs) such as frequent falls, incontinence, inability to feed oneself).
- III. Documented baseline Abnormal Involuntary Movement Scale (AIMS) score.
- IV. Documented inadequate response to at least one of the following criteria A through C, unless there are clinically significant contraindications, intolerance, or are not clinically appropriate in order to maintain stable psychiatric function:
 - A. Switching from a first-generation neuroleptic to a second neuroleptic (See table 1 under Appendix).
 - B. Dose modification or discontinuation of offending medication.
 - C. Prior treatment with medication used to reduce/improve tardive dyskinesia symptoms (See table 2 under appendix)
- V. Minimum age requirement: 18 years old.
- VI. Treatment is prescribed by or in consultation with a neurologist or psychiatrist.
- VII. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- VIII. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Concurrent use of a monoamine oxidase inhibitor (MAOI).

OTHER CRITERIA

- N/A.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 30 capsules per 30 days

APPROVAL LENGTH

- **Authorization:** 4 months.
- **Re-Authorization:** 1 year, with an updated letter of medical necessity or progress notes showing improvement or maintenance with medication.

APPENDIX

Table 1: Available 1st and 2nd Generation Neuroleptics (antipsychotics)
First-Generation (Typical) antipsychotics
Chlorpromazine
Fluphenazine
Haloperidol
Loxapine
Perphenazine
Pimozide
Thiothixene
Thioridazine
Trifluoperazine
Second-Generations (Atypical) Antipsychotics
Aripiprazole
Asenapine
Brexpiprazole
Cariprazine
Clozapine
Iloperidone
Lurasidone
Olanzapine
Paliperidone
Pimavanserin
Quetiapine
Risperidone

Ziprasidone

Table 2: Medications Used to Reduce/Improve Tardive Dyskinesia Symptoms
Amantadine
Anticholinergics (e.g., trihexyphenidyl, benztropine)
Benzodiazepines (e.g., clonazepam)
Second-generation antipsychotics (e.g., clozapine, quetiapine)

REFERENCES

1. Ingrezza. Prescribing information. Neurocrine Biosciences, Inc; 2022. Accessed December 9, 2022.
2. Liang-Wei T, Tarsey D. Tardive dyskinesia: prevention, prognosis and treatment. In: Hurtig H, Marder S, ed. *UpToDate*. UpToDate; 2021. Accessed December 9, 2022. https://www.uptodate.com/contents/tardive-dyskinesia-prevention-treatment-and-prognosis?search=tardive%20dyskinesia%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
3. Hauser RA, Factor SA, Marder SR, et al. KINECT 3: A Phase 3 Randomized, Double-Blind, Placebo-Controlled Trial of Valbenazine for Tardive Dyskinesia. *Am J Psychiatry*. 2017;174(5):476-484. doi:10.1176/appi.ajp.2017.16091037
4. Bhidayasiri R, Fahn S, Weiner WJ, et al. Evidence-based guideline: treatment of tardive syndromes: report of the Guideline Development Subcommittee of the American Academy of Neurology [published correction appears in *Neurology*. 2013 Nov 26;81(22):1968]. *Neurology*. 2013;81(5):463-469. doi:10.1212/WNL.0b013e31829d86b6

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.