

Generic Name: Valbenazine

Therapeutic Class or Brand Name: INGREZZA®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 62380080

Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/9/2021

Date Last Reviewed / Revised: N/A

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 durations lasting as least 8 weeks.
- II. Patient evaluated and found not to be suicidal or have untreated/undertreated depression.
- III. Documented functional impairment due to moderate-to-severe tardive dyskinesia symptoms. These symptoms may include, but not limited to, limitations of activities of daily living (ADLs) such as frequent falls, incontinence or inability to feed oneself.
- IV. Diagnosis must be established by, or in consultation with a neurologist or psychiatrist.
- V. Documented baseline Abnormal Involuntary Movement Scale (AIMS) score.
- VI. 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)
- VII. Minimum age requirement: 18 years old.

EXCLUSION CRITERIA

- Patients taking monoamine oxidase inhibitors (MAOIs).

OTHER CRITERIA

- Click or tap here to enter text.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Up to 80 mg daily 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
lloperidone
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 (valbenazine) capsules for oral use [package insert]. San Diego, CA; Neurocrine Biosciences; April 2020.
2. Liang T, Tarsey D. Tardive Dyskinesia: prevention, prognosis and treatment. In: UpToDate, Hurtig H (ed.) UpToDate, Waltham, MA, 2021.
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;175(5):478-84. PMID: 28320223
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. *Neurology*. 2013 Jul 30;81(5):463-9. PMID: 23897874

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.