Ingrezza (valbenazine)

Severe chorea associated with Huntington's disease

Coverage Criteria:

Reserved for patients meeting **all** of the following criteria:

1. Diagnosed with moderate to severe chorea associated with Huntington's disease; and,

2. The patient and/or guardian has attested that they will adhere to the treatment plan; and

3. When prescribed according to the FDA approved starting regimen of 40 mg daily and titrated to a maximum of 80 mg daily.

Prescriber Restriction: Prescribed by a Neurologist.

Coverage Duration:
Initial authorizations will be for 3 months.
Reauthorizations will be for 12 months.

Renewal Criteria:
Annual reauthorizations will require medical chart documentation that the patient has been seen within the past 14 months and documentation that the medication is effective.

Tardive Dyskinesia

Coverage Criteria:
Reserved for members that meet all of the following criteria:

1. A diagnosis of tardive dyskinesia; and,
2. Clinical documentation of functional impairment due to moderate-to-severe tardive dyskinesia symptoms, which may include (but is not limited to), documentation of limitation of activities of daily living (ADLs), such as inability to feed oneself, frequent falls, or missing school or work; and,
3. There has been an inadequate response to at least one of the following treatment modalities, unless all are contraindicated, not tolerated, or are inappropriate in order to maintain stable psychiatric function
    A. Switching from a first-generation neuroleptic to a second-generation neuroleptic.
    OR
    B. Discontinuation or dose modification of the offending medication.
    OR
    C. Prior treatment with a medication used to reduce tardive dyskinesia symptoms
4. A baseline AIMS or applicable scoring measure is submitted.

Prescriber Restriction:
Prescribed after consultation with a Psychiatrist or Neurologist.

Renewal Criteria:
Renewals will be provided annually with documentation that the patient has been seen within the last 12 months and the medication continues to be effective.

Coverage Duration:
Initial approvals will be provided for three months. To continue on the medication, an AIMS score indicating a decrease of at least 3 points must be submitted. If an alternative scoring measure was submitted at baseline, the same scoring measure should be resubmitted and changes will be evaluated on a case by case basis for reauthorization.

Other Criteria:
Prescribed using the FDA-approved regimen of up to 80 mg once daily.