Pharmacy Drug Policy & Procedure

Policy Name:	Ingrezza (valbenazine)	Policy #:	2591P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Ingrezza.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Ingrezza under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria for Tardive Dyskinesia

1.1 Documented diagnosis of Tardive Dyskinesia and evaluation of the condition using ONE of the following scoring tools
- Abnormal Involuntary Movement Scale (AIMS) 10
- Extrapyramidal Symptom Rating Scale (ESRI) 20

1.2 Prescribed by or in consultation with a neurologist (nervous system doctor) or psychiatrist (mental health doctor)

1.3 Age 18 or older

1.4 Documented inadequate treatment response, intolerance, or contraindication to TWO of the following:
- Benzodiazepine
- Benztropine
- Second-generation antipsychotic
- Tetrabenazine

2. Coverage Criteria for Chorea with Huntington's Disease

2.1 Diagnosis of chorea associated with Huntington's disease
- Diagnosis of Huntington's disease is confirmed by genetic testing
- Symptoms are prominent and interfere with function

2.2 Prescribed by or in consultation with a neurologist (nervous system doctor) or psychiatrist (mental health doctor)

2.3 Age 18 years or older

2.4 Documented trial and failure, intolerance, or contraindication to tetrabenazine

3. Quantity Limit

3.1 Maximum quantity of #30 capsules per 30 days

4. Approval Period

4.1 Initial: 12 months

4.2 Reauthorization: 12 months with documented clinical benefit

CPT Codes

HCPCS Codes

References

1. Ingrezza (valbenazine) [prescribing information]. San Diego, CA: Neurocrine Biosciences Inc; April 2024.
2. Keepers GA, Fochtmann LJ, Anzia JM, et al. The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. Am J Psychiatry. 2020 Sep 1;177(9):868-872.
3. Lerner V, Miodownik C, etl al. Evidence-based guideline: treatment of tardive syndromes: report of the Guideline Development Subcommittee of the American Academy of Neurology. Neurology. 2014 Feb 18;82(7):643.
4. Bachoud-Lévi AC, Ferreira J, Massart R, et al. International Guidelines for the Treatment of Huntington's Disease. Front Neurol. 2019 Jul 3;10:710.

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