

<b>Policy Name:</b>	<b>Ingrezza (valbenazine)</b>	<b>Policy #:</b>	<b>2591P</b>
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## 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 and Health Alliance Northwest 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

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## HCPCS Codes

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## 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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### DISCLAIMER

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