

Ingrezza

POLICY NUMBER: RX.PA.440.E

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The drug, Ingrezza (valbenazine), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must be prescribed by a neurologist
- Must be at least 18 years of age
- Must have a confirmed diagnosis of Tardive Dyskinesia with the following:
 - symptoms for at least 3 months
 - history of dopamine receptor blocking drug use (e.g., antipsychotic, metoclopramide, prochlorperazine)
- Must have been evaluated for dose reduction, withdrawal, or change of the dopamine receptor blocking agent causing the tardive dyskinesia if currently taking
- Must not have a comorbid involuntary movement disorder (e.g., Parkinson's disease, akathisia, truncal dystonia)
- Must have an adequate trial and failure of tetrabenazine or benzotropine

Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorizations may be extended at one-year intervals based upon chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 2 months
Reauthorization	Up to 1 year
Quantity Level Limit	
Ingrezza	60 capsules per 30 days

If the established criteria are not met, the request is referred to a Medical Director for review.



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REFERENCES

1. Ingrezza [prescribing information]. San Diego, CA: Neurocrine Biosciences; April 2017.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>New Policy</i>	<i>09/17</i>
<i>Annual Review</i>	<i>02/18</i>

