# SPECIALTY GUIDELINE MANAGEMENT

# INGREZZA (valbenazine)

# POLICY

## I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

<u>FDA-Approved Indication</u> Treatment of adults with tardive dyskinesia

All other indications are considered experimental/investigational and not medically necessary.

## **II. DOCUMENTATION**

Submission of the following information is necessary for both initial approval and continuation of therapy prior authorization reviews: Documentation of score of items 1 to 7 of the Abnormal Involuntary Movement Scale (AIMS).

#### **III. CRITERIA FOR INITIAL APPROVAL**

#### **Tardive dyskinesia**

Authorization of 6 months may be granted for treatment of tardive dyskinesia when the baseline AIMS score for items 1 to 7 is obtained.

## IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for treatment of tardive dyskinesia when the member's tardive dyskinesia symptoms have improved as indicated by a decreased AIMS score (items 1 to 7) from baseline.

#### V. REFERENCES

- 1. Ingrezza [package insert]. San Diego, CA: Neurocrine Biosciences, Inc.; April 2021.
- 2. Hauser, Robert, et al. KINECT-3: A Phase 3 Randomized, Double-Blind, Placebo-Controlled Trial of Valbenazine for Tardive Dyskinesia. *American Journal of Psychiatry.* 2017 Mar 21: 1-9.
- 3. American Psychiatric Association. (2021). *Practice Guideline for the Treatment of Patients With Schizophrenia, third edition.* https://doi.org/10.1176/appi.books.9780890424841

Ingrezza 1750-A SGM P2022

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