

**Ingrezza (valbenazine capsule  
Ingrezza (valbenazine sprinkle capsule)  
Effective 08/01/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Contact Information</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Ingrezza (valbenazine) capsule and sprinkle capsule are indicated in adults for the treatment of:

- Tardive dyskinesia
- Chorea associated with Huntington's disease.

### Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

### OR

Authorization may be granted when the following diagnosis-specific criteria are met:

#### Chorea associated with Huntington's Disease

1. Member has a diagnosis of chorea associated with Huntington's disease

#### Tardive Dyskinesia

1. Member has a diagnosis of tardive dyskinesia.

### Continuation of Therapy

Reauthorization may be granted when the following criteria are met:

1. Documentation the member's condition has improved

### Limitations

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months.
3. The following quantity limitations apply:

Drug Name and Dosage Form	Quantity Limit
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Ingrezza capsule, sprinkle capsule	1 capsule per day
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## References

1. American Psychiatric Association. (2021). *Practice Guideline for the Treatment of Patients With Schizophrenia, third edition*. <https://doi.org/10.1176/appi.books.9780890424841>
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. Ingrezza (valbenazine) [prescribing information]. San Diego, CA: Neurocrine Biosciences, Inc.; February 2025.

## Review History

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024

08/14/2024: Reviewed at August P&T. Added Ingrezza sprinkle capsule to the policy. Added criteria for the diagnosis of chorea associated with Huntington's disease. Updated criteria for tardive dyskinesia to remove submission of documentation of scores of items 1 to 8 on AIMS. Updated reauthorization criteria to require documentation the member's condition has improved. Specified quantity limits. Effective 10/1/2024.

07/11/2025: Reviewed at July P&T. No clinical changes. Effective 08/01/2025.

