

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

valbenazine (Ingrezza)

Notes:

- QL: Yes

Non-formulary **valbenazine (Ingrezza)** will be covered on the prescription drug benefit when the following criteria are met:

Initiation (new start) criteria: Non-formulary **valbenazine (Ingrezza)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a neurology or mental health clinician
- Patient has a diagnosis of tardive dyskinesia with symptoms present for at least 3 months
- Patient has history of antipsychotic medication, antidepressant medication, or metoclopramide use
- Abnormal movements are rated as moderate or severe indicated by either:
 - Abnormal Involuntary Movement Scale [AIMS] score ≥ 10 **OR**
 - Severity noted to be “moderate” or “severe” by prescriber **OR**
 - AIMS item 8 score of 3 or 4
- Valbenazine is NOT being used concurrently with another vesicular monoamine transporter 2 (VMAT2) inhibitor, a monoamine oxidase inhibitor (MAOI), or reserpine.

Continued use criteria (12 months after initiation): Non-formulary **valbenazine (Ingrezza)** will continue to be covered on the prescription drug benefit when the following criteria are met:

- Clinically significant improvement in abnormal movements verified by AIMS score or clinician observation