



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

VALBENAZINE

Generic	Brand	HICL	GCN	Exception/Other
VALBENAZINE	INGREZZA	44202		

GUIDELINES FOR USE

1. Does the patient have a diagnosis of moderate to severe tardive dyskinesia and meet **ALL** of the following criteria?
 - Moderate to severe tardive dyskinesia has been present for at least 3 months
 - The patient is 18 years of age or older
 - Therapy is prescribed by or given in consultation with a neurologist, movement disorder specialist, or psychiatrist
 - The patient has a prior history of using antipsychotic medications or metoclopramide for at least 3 months (or at least 1 month if patient is 60 years of age or older) as documented in the prescription claims history

If yes, **approve for 12 months by GPID for all strengths as follows:**

- **Ingrezza 40mg (GPID 43266): #1 capsule per day.**
- **Ingrezza 80mg (GPID 43934): #1 capsule per day.**
- **Ingrezza Initiation pack (GPID 46216): 1 pack (#28 capsules) per fill.**

If no, do not approve.

DENIAL TEXT: The guideline named **VALBENAZINE (Ingrezza)** requires a diagnosis of moderate to severe tardive dyskinesia. In addition, the following criteria must be met:

- Moderate to severe tardive dyskinesia has been present for at least 3 months
- The patient is 18 years of age or older
- Therapy is prescribed by or given in consultation with a neurologist, movement disorder specialist, or psychiatrist
- The patient has a prior history of using antipsychotic medications or metoclopramide for at least 3 months (or at least 1 month if patient is 60 years of age or older) as documented in the prescription claims history

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Ingrezza.

REFERENCES

- Ingrezza [Prescribing Information]. San Diego, CA. Neurocrine Biosciences, Inc; December 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 05/03/19

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Client Approval: 05/19

P&T Approval: 01/18