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

- Prescriber is a Neurologist or Mental Health Clinician
  - **AND** -

- Patient has history of antipsychotic medication or metoclopramide use
  - **AND** -

- Tardive dyskinesia (TD) has been present for at least 3 months
  - **AND** -

- Abnormal movements are rated as moderate or severe indicated by either:
  - Abnormal Involuntary Movement Scale [AIMS] score \( \geq 10 \) **OR**
  - Severity noted to be “moderate” or “severe” by prescriber **OR**
  - AIMS item 8 score of 3 or 4
  - **AND** -

- The patient has had an intolerance to, or treatment failure of, a benzodiazepine prescribed for treatment of abnormal movements
  - **AND** -

- Valbenazine is NOT being used concurrently with another vesicular monoamine transporter 2 (VMAT2) inhibitor, a monoamine oxidase inhibitor (MAOI), or reserpine.