



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

**Ingrezza™ (Valbenazine)**

**Effective 09/27/2018**

**Prior Authorization Request Form**

INGREZZA is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of adults with tardive dyskinesia.

**Initial\* Prior Authorization Criteria:**

1. Request must come from the treating neurologist or psychiatrist; **AND**
2. The patient must be within the age range as recommended by the FDA label; **AND**
3. Patient must have been evaluated and found not to be suicidal or have untreated/undertreated depression; **AND**
4. Patient must not be taking an MAOI (at least 14-days post-therapy), reserpine (must be >20 days post therapy) or any other concurrent VMAT2 inhibitor; **AND**
5. Patient must provide a documented clinical diagnosis of tardive dyskinesia meeting DSM-V criteria including:
  - a. Involuntary athetoid or choreiform movements
  - b. History of treatment with a dopamine receptor blocking agent (DRBA) such as an antipsychotic or metoclopramide
  - c. Symptom duration lasting at least 8 weeks**AND**
6. Prescriber must provide a brief description of the medical necessity of therapy by documenting all target symptoms and their impact on the patient's function and activities of daily living; **AND**
7. Prescriber must submit the results of an Abnormal Involuntary Movement Scale (AIMS) exam with every request for prior authorization of Ingrezza; **AND**
8. Prescriber must submit documentation of all other therapies attempted and their associated benefit (**including relevant AIMS scores**). Unless contraindicated, these therapies must include a **90-day trial with at least one** of the following agents: **clonazepam, amantadine, or Xenazine** (tetrabenazine).

**\*Initial prior-authorization will be for 90 days.  
Continuation of coverage requires clinically significant improvement in symptoms as compared to that seen using previous therapy.**



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**References**

- 1.) Lexi-Comp drug monograph for valbenazine (Reviewed 8/16/2017)
- 2.) Abnormal Involuntary Movement Scale (AIMS) and Extrapyramidal Symptom Rating Scale (ESRS): cross-scale comparison in assessing tardive dyskinesia. Schizophr Res. 2005 Sep 15;77(2-3):119-28. Gharabawi GM<sup>1</sup>, Bossie CA, Lasser RA, Turkoz I, Rodriguez S, Chouinard G.
- 3.) UpToDate Tardive Dyskinesia: Prevention and Treatment. Article last updated July 24, 2017
- 4.) American Academy of Neurology Evidence-based guideline: Treatment of tardive syndromes. July 29, 2013.