PRIOR AUTHORIZATION POLICY

POLICY: Vesicular Monoamine Transporter Type 2 Inhibitors – Ingrezza Prior Authorization Policy
- Ingrezza® (valbenazine capsules – Neurocrine Biosciences)

REVIEW DATE: 06/08/2022

OVERVIEW
Ingrezza, a vesicular monoamine transporter type 2 inhibitor, is indicated for the treatment of **tardive dyskinesia** in adults.[1]

POLICY STATEMENT
Prior Authorization is recommended for prescription benefit coverage of Ingrezza. Because of the specialized skills required for evaluation and diagnosis of patients treated with Ingrezza as well as the monitoring required for adverse events and long-term efficacy, approval requires Ingrezza to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Ingrezza is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Tardive Dyskinesia.** Approve for 1 year if the patient meets the following criteria (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) The medication is prescribed by or in consultation with a neurologist or psychiatrist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL
Coverage of Ingrezza is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES
1. Ingrezza® capsules [prescribing information]. San Diego, CA: Neurocrine Biosciences; April 2021.