SPECIALTY GUIDELINE MANAGEMENT

INGREZZA (valbenazine)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Treatment of adults with tardive dyskinesia

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary for both initial approval and continuation of therapy prior authorization reviews: Documentation of score of items 1 to 7 of the Abnormal Involuntary Movement Scale (AIMS).

III. CRITERIA FOR INITIAL APPROVAL

Tardive dyskinesia
Authorization of 6 months may be granted for treatment of tardive dyskinesia when the baseline AIMS score for items 1 to 7 is obtained.

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for treatment of tardive dyskinesia when the member’s tardive dyskinesia symptoms have improved as indicated by a decreased AIMS score (items 1 to 7) from baseline.

V. REFERENCES