

POLICY NAME	Ingrezza (valbenazine)	POLICY #	2591P
--------------------	------------------------	-----------------	--------------

Criteria

Coverage Criteria for Tardive Dyskinesia

- ☐ **1.1** Documented diagnosis of Tardive Dyskinesia and evaluation of the condition using ONE of the following scoring tools
 - Abnormal Involuntary Movement Scale (AIMS) 10
 - Extrapyramidal Symptom Rating Scale (ESRI) 20
- ☐ **1.2** Prescribed by or in consultation with a neurologist (nervous system doctor) or psychiatrist (mental health doctor)
- ☐ **1.3** Age 18 or older
- ☐ **1.4** Documented inadequate treatment response, intolerance, or contraindication to TWO of the following:
 - Benzodiazepine
 - Benztropine
 - Second-generation antipsychotic
 - Tetrabenazine

Coverage Criteria for Chorea with Huntington's Disease

- ☐ **2.1** Diagnosis of chorea associated with Huntington's disease
 - Diagnosis of Huntington's disease is confirmed by genetic testing
 - Symptoms are prominent and interfere with function
- ☐ **2.2** Prescribed by or in consultation with a neurologist (nervous system doctor) or psychiatrist (mental health doctor)
- ☐ **2.3** Age 18 years or older
- ☐ **2.4** Documented trial and failure, intolerance, or contraindication to tetrabenazine