

POLICY NAME	Ingrezza (valbenazine)	POLICY #	2591P
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Criteria

Coverage Criteria for Tardive Dyskinesia

- ☐ 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
- ☐ Prescribed by or in consultation with a neurologist (nervous system doctor) or psychiatrist (mental health doctor)
- ☐ Age 18 or older
- ☐ 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

- ☐ 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
- ☐ Prescribed by or in consultation with a neurologist (nervous system doctor) or psychiatrist (mental health doctor)
- ☐ Age 18 years or older
- ☐ Documented trial and failure, intolerance, or contraindication to tetrabenazine