

**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

### Quantity Limit

- ☐ **3.1** Maximum quantity of #30 capsules per 30 days