VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

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

REVIEW DATE: 06/07/2023, selected revision 8/30/2023

OVERVIEW

Ingrezza, a vesicular monoamine transporter type 2 inhibitor, is indicated in adults for the treatment of the following uses:[1]

- **Chorea associated with Huntington's disease.**
- **Tardive dyskinesia.**

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Ingrezza. All approvals are provided for the duration noted below. 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.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Ingrezza is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Chorea Associated with Huntington's Disease.** Approve for 1 year if the patient meets the following (A, B, and C):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Diagnosis of Huntington's disease is confirmed by genetic testing (for example, an expanded HTT CAG repeat sequence of at least 36); AND
   - **C)** The medication is prescribed by or in consultation with a neurologist.

2. **Tardive Dyskinesia.** Approve for 1 year if the patient meets the following (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; August 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	06/08/2022
Annual Revision	No criteria changes.	06/07/2023
Selected Revision	**Chorea Associated with Huntington's Disease:** This condition and criteria for approval was added to the policy.	08/30/2023