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5.60.029

Section:	Prescription Drugs	**Effective Date:**	January 1, 2025
Subsection:	Central Nervous System Drugs	**Original Policy Date:**	May 5, 2017
Subject:	Ingrezza	**Page:**	1 of 6

Last Review Date: December 13, 2024

Ingrezza

Description

Ingrezza (valbenazine)

Background
Ingrezza is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of adults with tardive dyskinesia (TD) or chorea associated with Huntington's disease. The mechanism of action of valbenazine in the treatment of tardive dyskinesia and chorea in patients with Huntington's disease is unknown but is thought to be mediated through the reversible inhibition of vesicular monoamine transporter 2 (VMAT2), a transporter that regulates monoamine uptake from the cytoplasm to the synaptic vesicle for storage and release (1).

Regulatory Status
FDA-approved indications: Ingrezza is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of adults with: (1)

- tardive dyskinesia.
- chorea associated with Huntington's disease.

Ingrezza carries a boxed warning regarding the increased risk of depression and suicidal thoughts and behavior in patients with Huntington's disease. The risks of depression and suicidality should be balanced with the clinical need of Ingrezza therapy for the control of chorea. Patients should be monitored for the emergence or worsening of depression, suicidal ideation, or unusual changes in behavior (1).

Ingrezza should be avoided in patients taking MAOIs and within 20 days of discontinuing MAOI therapy. Concomitant use may increase the concentration of monoamine neurotransmitters in

the synapses, potentially leading to increased risk of serotonin syndrome, or attenuated treatment effect of Ingrezza (1).

Ingrezza was conducted in patients with moderate to severe tardive dyskinesia as determined by clinical observation. Patients had underlying schizophrenia, schizoaffective disorder, or a mood disorder (1). Two commonly used scales, the Abnormal Involuntary Movement Scale (AIMS) and Extrapyramidal Symptom Rating Scale (ESRS) are used to evaluate the severity of the tardive dyskinesia (2-3).

When clinically appropriate, pharmacologic interventions may be considered for patients who are developing signs of TD. The two main strategies are discontinuation of the offending drug and switching from first to second generation antipsychotic drugs. For patients with a diagnosis of TD, additional pharmacologic interventions include the following: use of benzodiazepines, botulinum toxin injections, tetrabenazine, or anticholinergic drugs to control symptoms of TD, or paradoxically, resuming treatment with antipsychotic drugs in order to suppress TD (4).

Ingrezza may prolong the QT interval, although the degree of QT prolongation is not clinically significant at concentrations expected with recommended dosing. In patients taking a strong CYP2D6 or CYP3A4 inhibitor, or who are CYP2D6 poor metabolizers, Ingrezza concentrations may be higher and QT prolongation clinically significant. For patients who are CYP2D6 poor metabolizers or are taking a strong CYP2D6 inhibitor, dose reduction may be necessary. Ingrezza should be avoided in patients with congenital long QT syndrome or with arrhythmias associated with a prolonged QT interval (1).

Safety and efficacy of Ingrezza have not been established in pediatric patients (1).

Related policies
Austedo, Xenazine

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Ingrezza may be considered **medically necessary** if the conditions indicated below are met.

Ingrezza may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age: 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Moderate to severe tardive dyskinesia

   AND ALL of the following:
   a. Inadequate treatment response, intolerance, or contraindication to **ONE** of the following:
      i. Benzodiazepine
      ii. Second generation antipsychotic (e.g., Seroquel, clozapine)
      iii. Xenazine
   b. Documented baseline evaluation of the condition using **ONE** of the following scoring tools:
      i. Abnormal Involuntary Movement Scale (AIMS)
      ii. Extrapyramidal Symptom Rating Scale (ESRS)
   c. Prescriber has reduced the dosage or cessation of all offending medications including antipsychotic medication and metoclopramide (Reglan)
   d. Patient has a functional impairment that justifies treatment with Ingrezza

2. Chorea associated with Huntington's disease

AND NONE of the following for **ALL** indications:

a. Actively suicidal
b. Untreated or inadequately treated depression
c. Concomitant use of a MAOI (monoamine oxidase inhibitor) or reserpine (must be >20 days post discontinuing therapy)
d. Dual therapy with other vesicular monoamine transporter 2 (VMAT2) inhibitors

Prior – Approval *Renewal* Requirements

Age: 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Tardive dyskinesia
    a. Documented improvement using **ONE** of the following scores:
        i. Abnormal Involuntary Movement Scale (AIMS)
        ii. Extrapyramidal Symptom Rating Scale (ESRS)

2. Chorea associated with Huntington's disease

AND NONE of the following for **ALL** indications:

a. Actively suicidal
b. Untreated or inadequately treated depression
c. Concomitant use of a MAOI (monoamine oxidase inhibitor) or reserpine (must be >20 days post discontinuing therapy)
d. Dual therapy with other vesicular monoamine transporter 2 (VMAT2) inhibitors

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 90 capsules per 90 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Ingrezza is approved for the treatment of adults with tardive dyskinesia or chorea associated with Huntington's disease. Velbenazine and its active metabolite reversibly inhibit VMAT2, which decreases the uptake of monoamines into synaptic vesicles and depletes monoamine

stores. Ingrezza should not be used in combination with MAOIs due to increased risk of adverse effects. Safety and efficacy of Ingrezza have not been established in pediatric patients (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Ingrezza while maintaining optimal therapeutic outcomes.

References

1. Ingrezza [package insert]. San Diego, CA: Neurocrine Biosciences, Inc.; April 2024.
2. G Gharabawi, C Bossie, et al. Abnormal Involuntary Movement Scale (AIMS) and Extrapyramidal Symptom Rating Scale (ESRS): Cross-scale comparison in assessing tardive dyskinesia. Schizophrenia Research 77 (2005) 119–128.
3. G Chouinard, H Margolese. Manual for the Extrapyramidal Symptom Rating Scale (ESRS). Schizophrenia Research 76 (2005) 247–265.
4. UpToDate: Tardive dyskinesia: Prevention and treatment. Accessed on May 2, 2024.

Policy History

Date	Action
May 2017	Addition to PA
June 2017	Annual review
September 2017	Annual review Addition of prescriber has reduced the dosage or cessation of all offending medications including antipsychotic medication and metoclopramide (Reglan); and patient has a functional impairment that justifies treatment with Ingrezza per SME
October 2017	Revision of quantity limits
December 2017	Annual review
November 2018	Annual review and reference update
December 2019	Annual review and reference update
May 2020	Removed specific AIMS and ESRS score requirements per FEP
June 2020	Annual review
June 2021	Annual review and reference update
June 2022	Annual review and reference update
June 2023	Annual review and reference update. Changed policy number to 5.60.029
September 2023	Annual review and reference update. Per PI update, added indication of chorea associated with Huntington's disease. Also added boxed warning and requirements that patient is not actively suicidal and patient does not have untreated or inadequately treated depression
December 2023	Annual review and reference update

June 2024	Annual review and reference update
December 2024	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 13, 2024 and is effective on January 1, 2025.