Pharmacy Medical Necessity Guidelines:
Ingrezza (valbenazine)

Effective: November 10, 2026

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RXUM
These pharmacy medical necessity guidelines apply to the following: ☒ Tufts Health RITogether – A Rhode Island Medicaid Plan		**Fax Numbers:** RXUM: 617-673-0939	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

FOOD AND DRUG ADMINISTRATION-APPROVED INDICATIONS

Ingrezza (valbenazine) is a selective vesicular monoamine transporter 2 inhibitor indicated for the treatment of adults with tardive dyskinesia and chorea associated with Huntington's disease.

COVERAGE GUIDELINES

The plan may authorize coverage of **Ingrezza** (valbenazine) for members when **ALL** of the following criteria are met:

1. Documented diagnosis of **one (1)** of the following:
   a) Chorea associated with Huntington's Disease
   b) Moderate to severe tardive dyskinesia

AND

2. Member is at least 18 years or older

LIMITATIONS

None

CODES

None

REFERENCES

1. American College of Radiology (ACR): ACR Appropriateness Criteria, Movement Disorders and Neurodegenerative Diseases. 2019.
2. Anderson K, et al. Clinical Management of Neuro psychiatric Symptoms of Huntington Disease: Expert-Based Consensus Guidelines on Agitation, Anxiety, Apathy, Psychosis and Sleep Disorders. Journal of Huntington's Disease, vol. 7, no. 4, pp. 355-366, 2018
3. Bhidayasiri R, et al. Updating the recommendations for the treatment of tardive syndromes: A systemic review of new evidence and practical treatment algorithm. Journal of the Neurological Sciences. 2018 June; 389:67-75.
4. Caroff S, et al. A Modified Delphi Consensus Study of the Screening, Diagnosis, and Treatment of Tardive Dyskinesia. J Clin Psychiatry. 2020 Jan 28;81(2)
5. Ingrezza and Ingrezza Sprinkle (valbenazine) [package insert]. San Diego, CA: Neurocrine Biosciences, Inc.; April 2024

APPROVAL HISTORY

September 13, 2022: Reviewed by Pharmacy and Therapeutics Committee.

1. July 11, 2023: No changes
2. November 14, 2023: Added a diagnosis of chorea associated with Huntington's disease based on FDA-approved supplemental indication (eff 12/1/2023).
3. November 12, 2024: No changes
4. November 4, 2025: Effective 12/1/25, updated RxUM fax number.
5. November 10, 2026: No changes.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined

population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

Provider Services