

# PHARMACY POLICY STATEMENT

## North Carolina Marketplace

**DRUG NAME**

## (HD)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication is prescribed by or in consultation with a neurologist; AND
3. Member has a documented diagnosis of testing (expanded CAG repeat in the HTT gene); AND
4. Member is experiencing bothersome symptoms of chorea associated
5. Documented consultation on risks of suicidal ideation or behavior while on Ingrezza; AND
6. (UHDRS) is submitted with chart notes.
7. **Dosage allowed/Quantity limit:** Initial: 40 mg once daily. Increase the dose in 20 mg increments every two weeks to the recommended dosage of 80 mg once daily. (QL: 30 capsules per 30 days)

***If all the above requirements are met, the medication will be approved for 3 months.***

For **reauthorization**:

1. Member must have documentation of improved Total Maximal Chorea (TMC) score compared to baseline.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

**CareSource considers Ingrezza (valbenazine) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
08/29/2017	New policy for Ingrezza created.
12/14/2017	Criterion revised in collaboration with Indiana Medicaid DUR Board. Criterion requirement of clinical diagnoses of Schizophrenia or Schizoaffective Disorder, or Mood Disorder for at least 3 months was removed. Length of initial authorization increased to 3 months. Criterion on guidelines recommended treatment was revised.
12/28/2017	Criterion on negative drug test revised. Substance use disorder remission length requirement changed.
02/08/2018	neurologic practice.
05/06/2019	The guideline recommended treatment criterion changed from two to one medication to try as a trial. Criterion on negative urine drug test or positive drug test result due to current prescriptions was removed.
12/21/2020	Updated quantity limit from 60 per 30 days to 30 per 30 days because a new strength (80 mg) is now available.
04/06/2022	Transferred to new template. Updated and added references. Removed NPs from specialist and added generalized Removed trial of clonazepam or ginkgo. Added that TD must be present for at least 3 months and with impeding symptoms. Removed list of exclusions. Removed duration from substance use disorder remission.
11/09/2023	(HD) indication. TD: Removed psychiatric and substance abuse parts of criteria.

