Ingrezza

**Description**

Ingrezza (valbenazine)

**Background**

Ingrezza is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of adults with tardive dyskinesia. The mechanism of action of valbenazine in the treatment of tardive dyskinesia 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 indication: Ingrezza is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of adults with tardive dyskinesia (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 in patients 18 years of age and older with tardive dyskinesia and if the conditions indicated below are met.

Ingrezza may be considered investigational in patients less than 18 years of age and for all other indications.

Prior-Approval Requirements

Age: 18 years of age or older

Diagnosis

Patient must have the following:
Moderate to severe tardive dyskinesia

**AND ALL** of the following:
1. Inadequate treatment response, intolerance or contraindication to **ONE** of the following:
   a. Benzodiazepine
   b. Second generation antipsychotic (i.e. Seroquel, clozapine)
   c. Xenazine

2. Documented baseline evaluation of the condition using **ONE** of the following scoring tools:
   a. Abnormal Involuntary Movement Scale (AIMS) $\geq 10$
   b. Extrapyramidal Symptom Rating Scale (ESRI) $\geq 20$

3. **NO** dual therapy with other vesicular monoamine transporter 2 (VMAT2) inhibitors
4. **NO** concomitant use of a MAOI (monoamine oxidase inhibitor) or reserpine (must be $>20$ days post discontinuing therapy)
5. Prescriber has reduced the dosage or cessation of all offending medications including antipsychotic medication and metoclopramide (Reglan)
6. Patient has a functional impairment that justifies treatment with Ingrezza

**Prior – Approval Renewal Requirements**

**Age:** 18 years of age or older

**Diagnosis**

Patient must have the following:

Tardive dyskinesia

**AND ALL** of the following:
1. Documented improvement using **ONE** of the following scores:
   a. AIMS – decrease from baseline by at least 2 points
   b. ESRI – decrease from baseline by at least 4 points
2. **NO** dual therapy with other vesicular monoamine transporter 2 (VMAT2) inhibitors
3. **NO** concomitant use of a MAOI (monoamine oxidase inhibitor) or reserpine (must be >20 days post discontinuing therapy)

**Policy Guidelines**

**Pre - PA Allowance**
None

**Prior - Approval Limits**

- **Quantity**: 90 capsules per 90 days
- **Duration**: 12 months

**Prior – Approval **Policy Guidelines**

**Renewal Limits**
Same as above

**Rationale**

**Summary**
Ingrezza is approved for the treatment of adults with tardive dyskinesia. 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**

Section: Prescription Drugs  
Effective Date: January 1, 2020

Subsection: Central Nervous System Drugs  
Original Policy Date: May 5, 2017

Subject: Ingrezza  
Page: 5 of 5

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2017</td>
<td>Addition to PA</td>
</tr>
<tr>
<td>June 2017</td>
<td>Annual review</td>
</tr>
<tr>
<td>September 2017</td>
<td>Annual review</td>
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<td>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</td>
</tr>
<tr>
<td>October 2017</td>
<td>Revision of quantity limits</td>
</tr>
<tr>
<td>December 2017</td>
<td>Annual review</td>
</tr>
<tr>
<td>November 2018</td>
<td>Annual review and reference update</td>
</tr>
<tr>
<td>December 2019</td>
<td>Annual review and reference update</td>
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</tbody>
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Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 6, 2019 and is effective on January 1, 2020.