

Pre - PA Allowance

None

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:

1. Inadequate treatment response, intolerance, or contraindication to **ONE** of the following:
 - a. Benzodiazepine
 - b. Second generation antipsychotic (e.g., Seroquel, clozapine)
 - c. Xenazine
2. Documented baseline evaluation of the condition using **ONE** of the following scoring tools:
 - a. Abnormal Involuntary Movement Scale (AIMS)
 - b. Extrapyramidal Symptom Rating Scale (ESRS)
3. Prescriber has reduced the dosage or cessation of all offending medications including antipsychotic medication and metoclopramide (Reglan)
4. 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 Limits

Quantity 90 capsules per 90 days

Duration 12 months

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:
 - a. Abnormal Involuntary Movement Scale (AIMS)
 - b. Extrapyramidal Symptom Rating Scale (ESRS)
2. Chorea associated with Huntington's disease

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

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

Prior - Approval *Renewal* Limits

Same as above