BlueCross BlueShield Federal Employee Program

INGREZZA (valbenazine)

RATIONALE FOR INCLUSION IN PA PROGRAM

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).

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

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.