

## INGREZZA (valbenazine, oral)

### Diagnosis Considered for Coverage:

- Tardive dyskinesia (TD)
- Chorea associated with Huntington's disease

### Coverage Criteria:

#### For tardive dyskinesia:

- Dose does not exceed FDA label maximum, **and**
- Diagnosis confirmed by a Neurologist or Psychiatrist.

#### For diagnosis of chorea:

- Patient has Huntington's disease, **and**
- Prescribed by, or in consultation with a neurologist, **and**
- Dose does not exceed 80 mg per day.

### Coverage Duration: one year

Effective Date: 11/29/2023