

<b>Clinical Policy Title:</b>	Movement Disorders
<b>Policy Number:</b>	RxA.172
<b>Drug(s) Applied:</b>	Ingrezza <sup>®</sup> , Austedo <sup>®</sup> , Austedo <sup>®</sup> XR
<b>Original Policy Date:</b>	02/07/2020
<b>Last Review Date:</b>	12/11/2025
<b>Line of Business Policy Applies to:</b>	All lines of business (except Medicare)

## Criteria

### I. Initial Approval Criteria

#### A. Tardive Dyskinesia (must meet all):

1. Diagnosis of tardive dyskinesia (TD);
2. Trial and failure of tetrabenazine, unless contraindicated or clinically significant adverse events are experienced;
3. Member continues to have symptoms of TD despite decreasing the dose, tapering, or discontinuing the offending medication, unless patient is not a candidate for a decreased dose, tapering, or discontinuation.

#### Approval Duration

**All Lines of Business (except Medicare):** 12 months

#### B. Chorea associated with Huntington's disease (must meet all):

1. Diagnosis of chorea associated with Huntington's disease;
2. Trial and failure of tetrabenazine, unless contraindicated or clinically significant adverse events are experienced.

#### Approval Duration

**All Lines of Business (except Medicare):** 12 months

### II. Continued Therapy Approval

#### A. All Indications (must meet all):

1. Member is currently receiving or has been treated with this medication within the past 120 days, excluding manufacturer samples.

#### Approval Duration

**All Lines of Business (except Medicare):** 12 months

## References

1. Factor S, Comella C, Correll C, et al. Efficacy of valbenazine (NBI-98854) in subjects with tardive dyskinesia: Results of a long-term study (KINECT 3 extension) (S56.005). *Neurology*. April 18, 2017; 88(16): S56.005. Available at: [https://www.neurology.org/doi/10.1212/WNL.88.16\\_supplement.S56.005](https://www.neurology.org/doi/10.1212/WNL.88.16_supplement.S56.005). Accessed August 12<sup>th</sup>, 2024.
2. Hauser RA, Factor SA, Marder SR. KINECT 3: A phase 3 randomized, double-blind, placebo-controlled trial of valbenazine for tardive dyskinesia. *Am J Psychiatry*. May 1, 2017; 174(5): 476-484. doi:

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

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<https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2017.16091037>. Accessed August 12<sup>th</sup>, 2024.

3. Waln O, Jankovic J. An update on tardive dyskinesia: From phenomenology to treatment. Tremor Other Hyperkinet Mov (N Y). July 12, 2013; 3. pii: tre-03-161-4138-1. doi: 10.7916/D88P5Z71. Print 2013. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3709416/>. Accessed August 12<sup>th</sup>, 2024.
4. O’Brian CF, Jimenez R, Hauser RA, et al. NBI-98854, a selective monoamine transport inhibitor for the treatment of tardive dyskinesia: A randomized, double-blind, placebo controlled study. Movement Disorders. 2015; 30(12): 1681-1687. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5049616/>. Accessed August 12<sup>th</sup>, 2024.
5. Keepers GA, Fochtmann LJ, Anzia JM, et al. The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia. *American Psychiatric Association*, 2021. Accessed August 12<sup>th</sup>, 2024.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed: <ol style="list-style-type: none"> <li>1. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..."</li> <li>2. Reference reviewed and updated.</li> <li>3. Approval duration for commercial was updated to 12 months from length of benefit.</li> </ol>	06/18/2020	12/07/2020
Policy was reviewed: <ol style="list-style-type: none"> <li>1. Initial Approval Criteria I.A.6 was updated to include "At the time of request, no documented congenital long QT syndrome..."</li> <li>2. Continued Therapy Approval criteria II.A.5 was updated to include "No documented congenital QT long syndrome or arrhythmias associated..."</li> <li>3. References were reviewed and updated.</li> </ol>	5/28/2021	9/14/2021
Policy was reviewed: <ol style="list-style-type: none"> <li>1. Initial Approval Criteria, I.A.1: Updated to remove "secondary to a centrally acting dopamine receptor blocking agent (DRBA), the status of the agent as a centrally acting DRBA as well as its association with tardive dyskinesia should be confirmed".</li> <li>2. Initial Approval Criteria, I.A: Updated to remove criteria 6: "At the time of request, no documented congenital long QT syndrome or arrhythmias associated with a prolonged QT interval. It may cause an increase in QT interval and it is recommended to avoid use. For patients at increased risk of a prolonged QT interval, assess the QT interval before increasing the dose."</li> </ol>	02/03/2022	04/18/2022

<p>3. Continued Therapy Approval Criteria, II.A: Updated to remove criteria 5: “No documented congenital QT long syndrome...before increasing the dose”.</p> <p>4. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...".</p> <p>5. References were reviewed and updated.</p>		
<p>Policy was reviewed:</p> <p>1. References were reviewed and updated.</p>	01/18/2023	04/13/2023
<p>Policy was reviewed.</p>	10/19/2023	10/19/2023
<p>Policy was reviewed:</p> <p>1. Removed following:</p> <ul style="list-style-type: none"> <li>a. Age criteria.</li> <li>b. Dose criteria.</li> <li>c. Positive response to the therapy criteria</li> </ul> <p>2. Updated approval duration.</p> <p>3. Updated to include new indication Chorea associated with Huntington’s disease.</p> <p>4. Updated reauthorization verbiage to “Member currently...excluding manufacturer samples.”</p> <p>5. Updated References.</p>	05/10/2024	
<p>Policy was reviewed:</p> <p>1. Removed prescriber criteria.</p> <p>2. Added verbiage of member continuing to experience symptoms of TD despite first line therapy of reducing offending agent.</p> <p>3. Added trial and failure of generic tetrabenazine for TD and HD.</p> <p>4. Removed duplication therapy of TD and HD.</p> <p>5. Updated continued therapy approval for 120-day lookback period.</p> <p>6. Removed dosing, duplication therapy, and positive response in continued therapy criteria.</p> <p>7. Updated references.</p>	8/12/2024	08/27/2024
<p>Policy was reviewed.</p>	12/05/2024	N/A
<p>Policy reviewed.</p>	12/11/2025	12/11/2025