



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 25, 2018

**INGREZZA® (valbenazine)**

**LENGTH OF AUTHORIZATION:** 6 months

**REVIEW CRITERIA:**

**Initial Therapy**

- Patient must be  $\geq$  18 years old
- Must have a diagnosis of Tardive Dyskinesia

**Continuation of Therapy**

- Documentation of improvement or effectiveness of therapy

**DOSING AND ADMINISTRATION:**

40mg orally once daily, after one week increase to the recommended dose of 80mg once daily.

Dosage form: 40mg and 80mg capsules