UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for INGREZZA ®

Program	Prior Authorization
Medication	INGREZZA

1. Background:

Drugs Requiring Prior Authorization

INGREZZA 40 MG CAPSULE
INGREZZA 80 MG CAPSULE

2. Coverage Criteria:

A. <u>Authorization Criteria</u>

1. The patient is at least 18 years of age.

AND

2. The patient has a diagnosis of diagnosis of tardive dyskinesia

AND

3. The requested dose is less than or equal to (≤) 1 tablet per day

Authorization will be issued for 365 days.

Program	Program type – Prior Authorization
Change Control	
Date	Change
January 1, 2017	New program