Ingrezza

(valbenazine)



New Product Slideshow



Introduction

- Brand name: Ingrezza
- Generic name: Valbenazine
- Pharmacological class: Vesicular monoamine transporter 2 (VMAT2) inhibitor
- Strength and Formulation: Valbenazine 40mg; capsules
- Manufacturer: Neurocrine Biosciences
- How supplied: Caps—30, 90
- Legal Classification: Rx

Ingrezza



Indications

Tardive dyskinesia

Dosage & Administration

Take with or without food

 Initially 40mg once daily; increase to 80mg once daily after 1 week

 For some patients, continuation of 40mg once daily may be considered

Dosage & Administration

 Concomitant with strong CYP3A4 inducers: not recommended

Concomitant with strong CYP3A4 inhibitors: 40mg once daily

 Concomitant with strong CYP2D6 inhibitors, poor CYP2D6 metabolizers: consider reducing dose

Considerations for Special Populations

- Pregnancy: Data are insufficient to inform a drug-associated risk; potential risk to fetus
- Nursing mothers: Not recommended during and for 5 days after final dose
- Pediatric: Not established
- Elderly: No adjustment required
- Hepatic impairment: Moderate or severe impairment: 40mg once daily
- Renal impairment: Severe impairment (CrCl <30mL/min): not recommended</p>

Warnings/Precautions

 Avoid in congenital long QT syndrome or arrhythmias associated with a prolonged QT interval

Poor CYP2D6 metabolizers

Interactions

- See Dosage and Administration
- Avoid concomitant with MAOIs (eg, isocarboxazid, phenelzine, selegiline)
- Potentiated by strong CYP3A4 inhibitors (eg, itraconazole, ketoconazole, clarithromycin)
- May be potentiated by strong CYP2D6 inhibitors (eg, paroxetine, fluoxetine, quinidine)
- Antagonized by strong CYP3A4 inducers (eg, rifampin, carbamazepine, phenytoin, St. John's wort)
- Monitor digoxin levels; dose adjustment may be needed

Adverse Reactions

- Somnolence
- Anticholinergic effects
- Balance disorders/fall
- Headache
- Akathisia
- Vomiting
- Nausea
- Arthralgia
- QT prolongation

Mechanism of Action

The mechanism of valbenazine for the treatment of tardive dyskinesia is unknown, but it is thought to be mediated through the reversible inhibition of VMAT2, a transporter that regulates monoamine uptake from the cytoplasm to the synaptic vesicle for storage and release

 Ingrezza was evaluated in a randomized, double-blind, placebo-controlled trial (n=234) in patients with moderate to severe tardive dyskinesia as determined by clinical observation

 Study patients had underlying schizophrenia, schizoaffective disorder, or a mood disorder

 The primary efficacy measure was the Abnormal Involuntary Movement Scale (AIMS) used to assess tardive dyskinesia severity (range 0-28)

 The primary efficacy endpoint was the mean change from baseline in AIMS dyskinesia total score at the end of Week 6

- The change from baseline for two Ingrezza doses (40mg and 80mg) was compared to placebo
- At the end of Week 6, placebo patients were re-randomized to Ingrezza 40mg or 80mg
- Patients originally randomized to Ingrezza continued at their randomized dose
- Follow-up lasted through Week 48 on the assigned drug, followed by a 4-week period off-drug

- At baseline, the mean AIMS dyskinesia total score was 9.8 in the Ingrezza 40mg group, 10.4 in the Ingrezza 80mg group, and 9.9 in the placebo group
- The majority of patients (70%) were taking atypical antipsychotics, 14% were receiving typical or combination antipsychotics, and 16% were not receiving any antipsychotics

- The study data showed **Ingrezza 40mg** group had a −1.9 least squares (LS) mean change from baseline (difference from placebo −1.8, 95% CI: −3.0, −0.7)
- The Ingrezza 80mg group had a −3.2 LS mean change from baseline (difference from placebo −3.1, 95% CI: −4.2, −2.0)
- The placebo group had a -0.1 LS mean change from baseline

 The change from baseline in the AIMS total dyskinesia score in the Ingrezza 80mg group was statistically significantly different from the change in the placebo group

 Subgroup analyses based on gender, age, racial subgroup, underlying psychiatric diagnostic category, and concomitant antipsychotic medication did not suggest any clear evidence of differential responsiveness

 Among the patients remaining at the end of the 48-week treatment (n=123), following discontinuation of Ingrezza, the mean AIMS dyskinesia total score appeared to return to baseline

For more clinical trial data, see full labeling

New Product Monograph

 For more information view the product monograph available at:

http://www.empr.com/ingrezza/drug/34669/