

Generic Name: Tetrabenazine**Therapeutic Class or Brand Name:** Xenazine**Applicable Drugs (if Therapeutic Class):** N/A**Preferred:** Tetrabenazine tablets (generic)**Non-preferred:** Xenazine tablets**Date of Origin:** 2/1/2013**Date Last Reviewed / Revised:** 7/7/2023

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

- I. Documented diagnosis of chorea associated with Huntington's disease.
- II. Documentation that the patient is being monitored for symptoms of depression and that depression is adequately treated if present.
- III. Minimum age requirement: 18 years old.
- IV. Treatment is prescribed by or in consultation with a neurologist.
- V. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Patients who are actively suicidal, or who have depression which is untreated or undertreated.
- Patients with impaired hepatic function.
- Patients taking monoamine oxidase inhibitors (MAOIs) or reserpine.
- Patients taking deutetabenazine or valbenazine.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Authorized in quantities of up to 50 mg per day.
- Quantities up to 100 mg per day may be considered medically necessary when there is documentation of both a and b:
 - a. Tetrabenazine 50 mg per day has not provided an adequate response.
 - b. CYP2D6 genotyping shows that the patient is an extensive (EM) or intermediate metabolizer (IM) of CYP2D6.
- The quantity is limited to a maximum of a 30-day supply per fill.

APPROVAL LENGTH

- **Authorization:** 3 months.
- **Re-Authorization:** 6 months, with an updated letter of medical necessity or progress notes showing that current medical necessity criteria are met and that chorea symptoms have improved or stabilized.

APPENDIX

N/A

REFERENCES

1. Bachoud-Lévi AC, Ferreira J, Massart R, et al. International guidelines for the treatment of Huntington's disease. *Front Neurol.* 2019;10:710. Published 2019 Jul 3. doi:10.3389/fneur.2019.00710
2. Xenazine. Prescribing Information. Lundbeck; 2019. Accessed July 7, 2023. http://www.lundbeck.com/upload/us/files/pdf/Products/Xenazine_PI_US_EN.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.