

**Generic Name:** Tetrabenazine

**Therapeutic Class or Brand Name:** Xenazine

**Applicable Drugs (if Therapeutic Class):** N/A

**GPI Code:** 6238007000

**Preferred:** Tetrabenazine tablets (generic)

**Non-preferred:** Xenazine tablets

**Date of Origin:** 2/1/2013

**Date Last Reviewed / Revised:** 10/5/2020

## 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. Documented chart notes that the patient is being monitored for symptoms of depression and that depression is being addressed if it is present.
- III. Minimum age requirement: 18 years old.
- IV. Prescriber is a neurologist.
- V. Non-preferred products (i.e. Xenazine tablets) require a documented clinical reason containing details as to why generic tetrabenazine is not appropriate or is contraindicated.

## 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 deutetrabenazine 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. An updated letter or progress notes showing that (1) chorea symptoms have improved or stabilized AND (2) patient is being monitored for symptoms of depression and that depression is being addressed if it is present.

## APPENDIX

N/A

## REFERENCES

1. Huntington's Disease Society of America. A Physician's Guide to the Management of Huntington's Disease. Updated 2011. Available at: [http://hdsa.org/wp-content/uploads/2015/03/PhysiciansGuide\\_3rd-Edition.pdf](http://hdsa.org/wp-content/uploads/2015/03/PhysiciansGuide_3rd-Edition.pdf).
2. Medi-Span.
3. Xenazine® [Package insert] Deerfield, IL: Lundbeck; November 2019. Available at: [http://www.lundbeck.com/upload/us/files/pdf/Products/Xenazine\\_PI\\_US\\_EN.pdf](http://www.lundbeck.com/upload/us/files/pdf/Products/Xenazine_PI_US_EN.pdf). Accessed October 5, 2020

**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.