

## Policies Repository



**Policy Title** Tetrabenazine (Xenazine)

**Policy Number** FS.CLIN.67

*Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.*

*This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.*

*Members are advised to use participating pharmacies in order to receive the highest level of benefits.*

**Policy** Tetrabenazine (Xenazine) is indicated for the treatment of chorea associated with Huntington's disease.

The use of Tetrabenazine (Xenazine) requires prior authorization (ie, clinical pharmacy and/or Medical director review).

**Policy Description** The efficacy of Xenazine is thought to be related to its effect as a reversible depletor of monoamines (such as dopamine, serotonin, norepinephrine and histamine) from nerve terminals. Xenazine reversibly inhibits the human vesicular monoamine transporter type 2 resulting in decreased uptake of monoamines into synaptic vesicles and depletion of monoamine stores.

**Policy Guideline Inclusion** Tetrabenazine (Xenazine) is approved when all of the following inclusion criteria are met:

- Documentation of treatment of chorea associated with Huntington's disease

**Policy Guideline Exclusion** Tetrabenazine (Xenazine) is denied when the following exclusion criteria is present:

- No documentation of treatment of chorea associated with Huntington's disease

**Policy List of Applicable Drugs**

Brand Name	Generic Name
Xenazine	Tetrabenazine

**Dosing and Administration** Refer to the specific manufacturer's prescribing information for administration and dosage details, contraindications, and Black Box warnings.

Facts and Comparisons [Xenazine]. Available at [www.factsandcomparisons.com](http://www.factsandcomparisons.com). Accessed

**Policy References**

February 5, 2009.

Huntington Study Group. Tetrabenazine as antichorea therapy in Huntington disease: a randomized controlled trial. *Neurology*. 2006;66(3):366-72. [Abstract]

Merck Manual of Diagnosis and Therapy [Huntington's disease]. Available at [www.statref.com](http://www.statref.com). Accessed February 5, 2009.

Micromedex [Xenazine]. Available at [www.micromedex.com](http://www.micromedex.com). Accessed February 5, 2009.

Xenazine [package insert]. Washington D.C: Prestwick Pharmaceuticals Inc. 2008.

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**Policy Link to Related Policies****Printed**07/06/2009 10:27:25

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