

SPECIALTY GUIDELINE MANAGEMENT

XENAZINE (tetrabenazine) Tetrabenazine (generic)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

- A. FDA-Approved Indications
Treatment of chorea associated with Huntington's disease

- B. Compendial Uses
 1. Chronic tics
 2. Tardive dyskinesia
 3. Hemiballismus
 4. Chorea not associated with Huntington's disease

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR APPROVAL

- A. **Chorea**
Authorization of 12 months may be granted for treatment of chorea.

- B. **Chronic tics**
Authorization of 12 months may be granted for treatment of chronic tics.

- C. **Tardive dyskinesia**
Authorization of 12 months may be granted for the treatment of tardive dyskinesia.

- D. **Hemiballismus**
Authorization of 12 months may be granted for the treatment of hemiballismus.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Xenazine [package insert]. Deerfield, IL: Lundbeck Inc.; June 2015.
2. DRUGDEX® System (electronic version). Truven Health Analytics, Greenwood Village, Colorado. Available at

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- <http://www.micromedexsolutions.com>. Accessed September 9, 2016.
3. AHFS Drug Information. <http://online.lexi.com/lco>. Accessed September 9, 2016.
 4. Clinical Consult. CVS Caremark Clinical Program Review: Focus on Parkinson's Disease and Movement Disorders Programs. October 14, 2009.
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 6. Clinical Consult. CVS Caremark Clinical Program Review: Focus on Parkinson's Disease and Movement Disorders Programs. October 18, 2010.
 7. Guay DR. Tetrabenazine, a monoamine-depleting drug used in the treatment of hyperkinetic movement disorders. *Am J Geriatr Pharmacother*. 2010;8:331-373.
 8. Armstrong MJ, Miyasaki JM. Evidence-based guideline: pharmacologic treatment of chorea in Huntington disease: Report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2012;79(6):597-603.
 9. Clinical Consult. CVS Caremark Clinical Program Review: Focus on Parkinson's Disease and Movement Disorders Programs. October 13, 2016.
 10. Kenney C, Hunter C, Jankovic J. Long-term tolerability of tetrabenazine in the treatment of hyperkinetic movement disorders. *Movement Disorders*. 2007; 22(2): 193-7.