



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Xenazine® (tetrabenazine)
[Prior Authorization Request Form](#)

Effective 10/01/2017

XENAZINE is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of adults with chorea associated with Huntington's disease.

Initial Prior Authorization Criteria:

1. Request must come from the treating neurologist; **AND**
2. Patient must be at least 18 years of age; **AND**
3. Patient must have been evaluated and found not to be suicidal or have untreated/undertreated depression; **AND**
4. Patient must have a clinical diagnosis of chorea associated with Huntington's Disease; **AND**
5. All previous therapies must be documented. Unless contraindicated, the patient must have trialed and failed to find improvement in symptoms after at least a **60-day trial of amantadine; AND**
6. Patient must not be taking an MAOI (at least 14-days post-therapy), reserpine (must be >20 days post therapy) or any other concurrent VMAT 2 inhibitor.

Initial prior-authorization for this indication will be for 60 days.

Additional coverage requires clinical documentation indicating an improvement or stabilization of symptoms.

References

- 1.) LexiComp drug monograph for tetrabenazine (reviewed 9/1/2017)
- 2.) Package insert for Xenazine (last update 6/2015)
- 3.) American Academy of Neurology Evidence-based guideline: Pharmacologic treatment of chorea in Huntington disease. August 7, 2012.