

Pharmacy Policy Bulletin

Title: Tetrabenazine (Xenazine)

Policy #: Rx.01.88

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 restrictions. 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. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. 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.

▶ Intent:

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

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

▶ 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:

Tetrabenazine (Xenazine) is approved when the following inclusion criterion is met:

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

▶ Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

▶ References:

Facts and Comparisons [Xenazine]. Available at www.factsandcomparisons.com. Accessed April 8, 2011

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. Accessed April 8, 2011.

Micromedex [Xenazine]. Available at www.micromedex.com. Accessed April 8, 2011.

Xenazine [package insert]. Washington D.C: Prestwick Pharmaceuticals Inc. September 2009.

Applicable Drugs:

 Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Xenazine	Tetrabenazine

Cross References:

Policy Version Number:	1.00
P&T Approval Date:	March 08, 2012
Policy Effective Date:	June 01, 2012
Next Required Review Date:	March 08, 2013

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