

Xenazine (tetrabenazine)

Coverage Criteria:

Reserved for patients:

1. With a documented allergic reaction to the generic equivalent product; and,
2. With moderate to severe chorea associated with Huntington's disease; and,
3. When prescribed by a Neurologist; and,
4. The patient and/or guardian has attested that they will adhere to the treatment plan; and
5. When prescribed according to the FDA approved starting regimen of 12.5 mg daily and titrated to a maximum of 50 mg daily.

Required Medical Information:

Intermediate and extensive metabolizers will be approved up to 100 mg daily with documentation of metabolism status and that lower doses are ineffective.

Coverage Duration:

Initial authorizations will be for 3 months.

Renewal Criteria:

Annual reauthorizations will require medical chart documentation that the patient has been seen within the past 14 months and that markers of disease have improved.