

Policy Name:	Xenazine (tetrabenazine)	Policy #:	1532P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of tetrabenazine or Xenazine.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of tetrabenazine or Xenazine under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of one of the following: chorea associated with Huntington disease, chronic tics associated with Tourette's syndrome, hemiballismus, or tardive dyskinesia
- 1.2 Documentation that the member is not currently depressed AND does not have suicidal thoughts
- 1.3 Documentation the member does not have impaired liver function
- 1.4 Xenazine will not be used with a monoamine oxidase inhibitor (MAOI, such as selegiline or within the past 14 days) or reserpine (or within the past 20 days)
- 1.5 Requests for brand Xenazine will only be covered with a documented contraindication or allergic reaction to tetrabenazine

2. Approval Time

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes

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HCPCS Codes

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References

1. Xenazine (tetrabenazine) tablets [prescribing information]. Deerfield, IL: Lundbeck; June 2022.
2. Keepers GA, Fochtman LJ, Anzia JM, et al. The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. *Am J Psychiatry*. 2020 Sep 1;177(9):868-872.
3. Lerner V, Miodownik C, etl al. Evidence-based guideline: treatment of tardive syndromes: report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2014 Feb 18;82(7):643.
4. Bachoud-Lévi AC, Ferreira J, Massart R, et al. International Guidelines for the Treatment of Huntington's Disease. *Front Neurol*. 2019 Jul 3;10:710.
5. Jankovic J. Treatment of tics associated with Tourette syndrome. *J Neural Transm (Vienna)* 2020; 127:843.
6. Niemann N, Jankovic J. Real-World Experience With VMAT2 Inhibitors. *Clin Neuropharmacol* 2019; 42:37.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.