



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



Office of Pharmacy Services
Prior Authorization Criteria
Xenazine® (tetrabenazine)

Effective 4/01/2022

[Prior Authorization Request Form](#)

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

CRITERIA FOR APPROVAL:

1. Patient must have a diagnosis of chorea associated with Huntington's Disease; **AND**
2. The request must come from the treating neurologist; **AND**
3. Patient must be at least 18 years of age; **AND**
4. Patient must have been evaluated and found not to be suicidal or have untreated/undertreated depression; **AND**
5. The prescribed dose must be provided and within dosing recommendations per the manufacturer label; **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.

Approval Duration:

Initial approval will be for 3 months.

Criteria for reauthorization:

1. Demonstrate continued documented compliance; **AND**
2. Documentation of positive clinical response and/or stabilization of symptoms must be provided

Continuation of therapy will be granted for 12 months.

References:

- 1.) LexiComp drug monograph for tetrabenazine (reviewed 9/1/2017, 2/2022)
- 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.
- 4.) UpToDate: Huntington Disease: Management. Article last updated March 8, 2022