I. Medication Description

Xenazine (tetrabenazine) is a vesicular monoamine transporter 2 (VMAT) for oral administration. The exact mechanism through which Xenazine exerts its effects is unknown but is believed to be related to its effects as a reversible depletory of monoamines (such as dopamine, serotonin, norepinephrine, and histamine) from nerve terminals and as a dopamine receptor blocker.

II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

III. Policy

Xenazine is covered for the treatment of chorea associated with Huntington’s disease for patients who are 18 years of age or older.

IV. Quantity Limitations

- 12.5mg tablets: up to 240 tablets per month
- 25mg tablets: up to 120 tablets per month

V. Coverage Duration

Coverage is provided for up to 12 months and can be renewed.

VI. Coverage Renewal Criteria

Coverage can be renewed when documentation is provided to show a continued clinical benefit as improvement in signs and symptoms of chorea associated with Huntington’s disease.

VII. Billing/Coding Information

Available as 12.5 and 25mg tablets
VIII. Summary of Policy Changes

- 3/1/11: Addition of age restriction, required information on reserpine, warning and billing information
- 6/15/12: No changes
- 3/15/13: Removal of reserpine use criteria in policy section; Addition of contraindications
- 3/15/14: no policy changes
- 3/15/15: no policy changes
- 7/1/15: formulary distinctions made
- 12/15/15: no policy changes

IX. References


The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.

Drug therapy initiated with samples will not be considered as meeting medical necessity for coverage for non-preferred or prior authorized medications.

The preceding policy applies only to members for whom the above named pharmacy benefit medications are included on their covered formulary. Members with closed formulary benefits are subject to trying all appropriate formulary alternatives before a coverage exception for a non-formulary agent will be considered.

The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.