

# PHARMACY POLICY STATEMENT

## Marketplace

<b>DRUG NAME</b>	<b>Xenazine (tetrabenazine)</b>
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Xenazine, approved by the FDA in 2008, is a vesicular monoamine transporter 2 (VMAT) inhibitor indicated

Huntington disease is a hereditary, progressive, neurodegenerative disease characterized by involuntary movements, cognitive dysfunction, and psychiatric symptoms. A prominent Huntington disease symptom is chorea, an involuntary, sudden movement that can affect any muscle and flow randomly across body regions.

Xenazine (tetrabenazine) will be considered for coverage when the following criteria are met:

### Huntington's Disease (HD)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication is prescribed by or in consultation with a neurologist; AND
3. testing (expanded CAG repeat in the HTT gene); AND
4. ; AND
5. Documented consultation on risks of suicidal ideation or behavior

