



Drug Name: Xenazine (Tetrabenazine)

Date: 6-2018

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Required Medical Information:	<p>The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.</p> <ul style="list-style-type: none"> • FDA-Approved Indications <ol style="list-style-type: none"> 1. Treatment of chorea associated with Huntington’s disease • Compendial Uses <ol style="list-style-type: none"> 1. Chronic tics 2. Tardive dyskinesia 3. Hemiballismus 4. Chorea not associated with Huntington’s disease <p style="text-align: center;">CONTINUATION OF THERAPY</p> <ul style="list-style-type: none"> • All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.
Coverage duration:	<p>Initial: 12 months Continuation of therapy: 12 months</p>