

POLICY NAME	Xenazine (tetrabenazine)	POLICY #	1532P
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Criteria

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

Approval Time

- ☐ **2.1** Initial: 12 months
- ☐ **2.2** Reauthorization: 12 months with documented clinical benefit from therapy CPT Codes HCPCS Codes