

POLICY NAME	Xenazine (tetrabenazine)	POLICY #	1532P
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Criteria

Coverage Criteria

- ☐ Diagnosis of one of the following: chorea associated with Huntington disease, chronic tics associated with Tourette's syndrome, hemiballismus, or tardive dyskinesia
- ☐ Documentation that the member is not currently depressed AND does not have suicidal thoughts
- ☐ Documentation the member does not have impaired liver function
- ☐ 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)
- ☐ Requests for brand Xenazine will only be covered with a documented contraindication or allergic reaction to tetrabenazine