

## **Specialty Pharmacy Program**

### **Xenazine® (tetrabenazine)**

#### **DESCRIPTION**

Xenazine is indicated for the treatment of chorea associated with Huntington's disease.

#### **APPROVAL DURATION**

Approval duration: 1 year

#### **APPROVAL CRITERIA**

- I. Requests for Xenazine may be approved for patients who meet the following criteria:
  - A. Patient has a diagnosis of chorea associated with Huntington's Disease.