Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

XENAZINE® (tetrabenazine)

GPI CODING:

623800700003**

DESCRIPTION:

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

APPROVAL DURATION:

Approval duration: lifetime

Quantity limits
4 tablets (12.5 mg) per day or 2 tablets (25 mg) per day for initial therapy
8 tablets (12.5 mg) per day or 4 tablets (25 mg) per day for subsequent therapy

CRITERIA FOR XENAZINE

I. Patient has a diagnosis of chorea associated with Huntington's disease **AND**
II. For patients who are prescribed Xenazine doses of less than or equal to 50 mg per day, the requested quantity does not exceed the initial therapy quantity limit above **OR**
III. For patients who are prescribed Xenazine in doses of more than 50 mg per day, the following are required:
    A. Patient has been tested for cytochrome P450 2D6 genotype (CYP2D6) AND
    B. Patient is not a poor metabolizer of CYP2D6
    C. The requested quantity does not exceed 100 mg per day