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5.60.012

Section:	Prescription Drugs	**Effective Date:**	January 1, 2025
Subsection:	Central Nervous System Drugs	**Original Policy Date:**	December 7, 2011
Subject:	Xenazine	**Page:**	1 of 5

Last Review Date: December 13, 2024

Xenazine

Description

Xenazine (tetrabenazine)

Background
Xenazine (tetrabenazine) is used to treat chorea (involuntary movements) associated with Huntington's disease (HD). HD is a progressive neurological disorder characterized by an imbalance in the levels of dopamine in the brain. Unusually high levels of dopamine are believed to cause chorea in HD patients. Xenazine decreases the amount of dopamine available to interact with certain nerve cells, thereby decreasing involuntary movements (1-2).

Regulatory Status
FDA-approved indication: Xenazine is a vesicular monoamine transporter 2 (VMAT) inhibitor indicated for the treatment of chorea associated with Huntington’s disease (1).

Xenazine carries a boxed warning regarding the increased risk of depression and suicidal thoughts and behavior (suicidality) in patients with Huntington’s disease. The risks of depression and suicidality should be balanced with the clinical need of Xenazine therapy for the control of choreiform movements. Xenazine is contraindicated in patients who are actively suicidal, and in patients with untreated or inadequately treated depression (1).

Prescribers should periodically re-evaluate the need for Xenazine in their patients by assessing the beneficial effect on chorea and possible adverse effects, including depression, cognitive decline, parkinsonism, dysphagia, sedation/somnolence, akathisia, restlessness and disability. It may be difficult to distinguish between drug induced side-effects and progression of the underlying disease; decreasing the dose or stopping the drug may help the clinician distinguish

between the two possibilities. In some patients, underlying chorea itself may improve over time, decreasing the need for Xenazine (1).

Xenazine is contraindicated in patients with impaired hepatic function. Xenazine is also contraindicated in patients taking MAOIs or reserpine. Concurrent use of reserpine and Xenazine may result in elevated catecholamine levels. When switching a patient from reserpine to Xenazine, wait for chorea to re-emerge and at least 20 days after stopping reserpine before initiating tetrabenazine to avoid overdose and significant depletion of norepinephrine and serotonin in the CNS. Xenazine is also contraindicated in patients taking deutetrabenazine (Austedo) or valbenazine (Ingrezza) (1).

Xenazine may prolong the QT interval, although the degree of QT prolongation is not clinically significant at concentrations expected with recommended dosing. In patients taking a strong CYP2D6 or CYP3A4 inhibitor, or who are CYP2D6 poor metabolizers, Xenazine concentrations may be higher and QT prolongation clinically significant. For patients who are CYP2D6 poor metabolizers or are taking a strong CYP2D6 inhibitor, dose reduction may be necessary. Xenazine should be avoided in patients with congenital long QT syndrome or with arrhythmias associated with a prolonged QT interval (1).

Safety and efficacy of Xenazine have not been established in pediatric patients (1).

Related policies
Austedo, Ingrezza

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Xenazine may be considered **medically necessary** if the conditions indicated below are met.

Xenazine may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age: 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Tourette's disorder
2. Huntington's Chorea
3. Other Chorea
4. Acute Dystonia Due to Drugs
5. Orofacial Dyskinesia
6. Subacute Dyskinesia Due to Drugs (Tardive Dyskinesia or TD)
7. Dystonia

AND NONE of the following:

a. Actively suicidal
b. Untreated or inadequately treated depression
c. Concomitant use of a MAOI (monoamine oxidase inhibitor) or reserpine (must be >20 days post discontinuing therapy)
d. Severe hepatic impairment
e. Dual therapy with other vesicular monoamine transporter 2 (VMAT2) inhibitors (e.g.: deutetrabenazine (Austedo) or valbenazine (Ingrezza)

AND the following for Brand Xenazine **only:**

a. Patient **MUST** have tried the preferred product (generic Xenazine: tetrabenazine) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

Prior – Approval *Renewal* Requirements

Same as above

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 12.5mg - 720 tablets per 90 days **OR**
25 mg – 360 tablets per 90 days
Maximum daily limit of any combination: 100mg

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Xenazine (tetrabenazine) is used to treat chorea (involuntary movements) associated with Huntington's disease (HD). HD is a progressive neurological disorder characterized by an imbalance in the levels of dopamine in the brain. Unusually high levels of dopamine are believed to cause chorea in HD patients. Xenazine decreases the amount of dopamine available to interact with certain nerve cells, thereby decreasing involuntary movements. Xenazine carries a boxed warning regarding the increased risk of depression and suicidal thoughts and behavior (suicidality) in patients. Xenazine is contraindicated in patients with impaired hepatic function and is contraindicated in patients taking MAOIs or reserpine, deutetrabenazine (Austedo) or valbenazine (Ingrezza) (1-2).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Xenazine while maintaining optimal therapeutic outcomes.

References

1. Xenazine [package insert]. Deerfield, IL: Lundbeck Inc.; November 2019.
2. Neidler S. Antidopaminergic Agents. Huntington's Disease News. https://huntingtonsdiseasenews.com/antidopaminergic-agents/. Published July 20, 2018.

Policy History

Date	Action
June 2010	The use of Xenazine to treat dyskinetic movement disorders has been demonstrated to be safe and effective. The clinical literature supports the use of Xenazine in tardive dyskinesia, chorea not associated with HD, orofacial dyskinesia and Tourette's syndrome. (3,4,5) Practicing neurologists consulted also report the use of Xenazine for these indications as generally accepted medical practice.
December 2011	Annual review
December 2012	Annual review
June 2014	Annual editorial review and reference update.
September 2016	Annual editorial review and reference update.

	Added age limit to criteria. Policy number changed from 5.07.07 to 5.60.12.
September 2017	Annual editorial review
December 2017	Annual review
November 2018	Annual editorial review and reference update
December 2019	Annual review and reference update
December 2020	Annual review and reference update. Added requirement that brand Xenazine has to t/f the preferred product tetrabenazine
February 2021	Addition of no dual therapy with other vesicular monoamine transporter 2 (VMAT2) inhibitors. Updated background and reference.
March 2021	Annual review
December 2022	Annual review and reference update. Changed policy number to 5.60.012
September 2023	Annual review and reference update
December 2023	Annual review
December 2024	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 13, 2024 and is effective on January 1, 2025.