

CRITERIA FOR PRIOR AUTHORIZATION

Monoamine depletor

PROVIDER GROUP: Pharmacy, Professionals

MANUAL GUIDELINES: The following drug requires prior authorization: Tetrabenazine (Xenazine®)

CRITERIA:

Must meet all of the following for doses of less than or equal to 50mg per day:

- Diagnosis of chorea associated with Huntington's disease
- Patient must be 18 years of age or older
- Patient must not have impaired hepatic function
- Prescribed by a neurologist
- Must NOT be taking a monoamine oxidase inhibitor (MAOI)
- Must NOT be taking reserpine (at least 20 days should elapse after stopping reserpine before starting Xenazine®)

Must meet all of the following for doses greater than 50mg per day:

- Must meet all of the above stated criteria for less than 50mg per day.
- Patient must be genotyped for CYP2D6 and must be extensive or intermediate metabolizers.

Length of Prior Authorization: 1 year

NOTE: WARNING AND PRECAUTION

Xenazine® can increase the risk of depression and suicidal thought and behavior (suicidality) in patients with Huntington's disease. (See black box warning)

Caution should be used when adding a strong CYP2D6 inhibitor (such as fluoxetine, paroxetine, quinidine) to a patient already receiving a stable dose of tetrabenazine.