Xenazine
(tetrabenazine)

Pre - PA Allowance
None

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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.

Prior - Approval Limits

<table>
<thead>
<tr>
<th>Quantity</th>
<th>12.5mg - 720 tablets per 90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25 mg – 360 tablets per 90 days</td>
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<table>
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<tr>
<th>Duration</th>
<th>12 months</th>
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Prior – Approval **Renewal** Requirements

Same as above

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