Xenazine
(tetrabenazine)

Pre-PA Allowance
None

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

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 Requirements

Same as above

Prior – Approval Renewal 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