

## PREFERRED SPECIALTY MANAGEMENT POLICY

- POLICY:** Vesicular Monoamine Transporter Type 2 Inhibitors Preferred Specialty Management Policy
- Xenazine® (tetrabenazine tablets – Lundbeck, generic)

**REVIEW DATE:** 06/08/2022

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### OVERVIEW

Tetrabenazine, a reversible vesicular monoamine transporter type 2 (VMAT2) inhibitor, is indicated for the treatment of **chorea associated with Huntington's disease**.<sup>1</sup>

### Clinical Efficacy

There are several published studies which have assessed the efficacy and safety of tetrabenazine for the treatment of other hyperkinetic movement disorders (e.g., tics in Tourette syndrome and tardive dyskinesia).<sup>2</sup>

### POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Product. For all medications (Preferred and Non-Preferred), the patient is required to meet the standard *Vesicular Monoamine Transporter Type 2 Inhibitors Prior Authorization Policy* criteria. The program also directs the patient to try the Preferred Product (generic tetrabenazine tablets). Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). If the patient meets the standard *Prior Authorization Policy* criteria but has not tried a Preferred Product, approval for a Preferred Product will be authorized. All approvals are provided for 1 year.

**Documentation:** Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

**Automation:** None

**Preferred Product:** Generic tetrabenazine tablets  
**Non-Preferred Product:** Xenazine

### RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
Xenazine	<ol style="list-style-type: none"><li>1. Patient meets the following criteria (A <u>and</u> B):<ol style="list-style-type: none"><li>A) Patient meets the standard <i>Vesicular Monoamine Transporter Type 2 Inhibitor – Tetrabenazine Prior Authorization Policy</i> criteria; AND</li><li>B) Patient meets both of the following criteria (i <u>and</u> ii):<ol style="list-style-type: none"><li>i. Patient tried generic tetrabenazine tablets; AND</li><li>ii. Patient cannot continue to use the Preferred medication due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the generic product which, per the prescribing physician, would result in a significant allergy or serious adverse reaction. <b>[documentation required]</b>.</li></ol></li></ol></li><li>2. If the patient has met the standard <i>Vesicular Monoamine Transporter Type 2 Inhibitor – Tetrabenazine Prior Authorization Policy</i> criteria (1A), but has <u>not</u> met exception criteria (1B) above for brand Xenazine: approve generic tetrabenazine tablets.</li></ol>

### REFERENCES

1. Xenazine® tablets [prescribing information]. Deerfield, IL: Lundbeck; September 2017.
2. IBM Micromedex®. IBM Corporation. Available at: [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on June 2, 2022. Search terms: tetrabenazine.