

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

1. Requirements for Prior Authorization of Xenazine (tetrabenazine)

A. Prescriptions That Require Prior Authorization

All prescriptions for Xenazine (tetrabenazine) must be prior authorized.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for Xenazine (tetrabenazine), the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Is being prescribed Xenazine (tetrabenazine) by, or in consultation with, a neurologist

AND

2. Has documentation of:

- a. A diagnosis of chorea associated with Huntington Disease

OR

- b. A diagnosis other than chorea associated with Huntington Disease that is:

- i. Listed in nationally recognized compendia for the determination of medically accepted indications for off-label uses

OR

- ii. Supported by peer reviewed medical literature provided by the prescriber

AND

3. Does not have a contraindication to Xenazine (tetrabenazine)

AND

4. Was evaluated and treated by a psychiatrist if the recipient has a history of a prior suicide attempt, bipolar disorder, or major depressive disorder

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OR

5. For all others, had a mental health evaluation performed by the prescriber

AND

6. Has a dosage adjustment of 50%, if taking a medication that is a strong CYP2D6 inhibitor

AND

7. Meets the following for dosing above 50 milligrams (mg) per day:
 - a. A demonstrated therapeutic failure at a dose of 50 mg or less per day

AND

- b. Documentation of CYP450 2D6 genotyping that shows intermediate or extensive metabolism

OR

8. Does not meet the clinical review guideline listed above, but in the professional judgment of the physician reviewer, the service is medically necessary to meet the medical needs of the recipient.
9. In addition, if a prescription for Xenazine (tetrabenazine) is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter

FOR RENEWALS OF PRESCRIPTIONS FOR XENAZINE (TETRABENAZINE): The determination of medical necessity of requests for prior authorization of renewals of prescriptions for Xenazine (tetrabenazine) that were previously approved will take into account whether the recipient:

1. Experienced an improvement in chorea

AND

2. Does not have a contraindication to Xenazine (tetrabenazine)

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AND

3. Was re-evaluated and treated for new onset or worsening symptoms of depression and determined to continue to be a candidate for treatment with Xenazine (tetrabenazine)

AND

4. Has a dosage adjustment of 50%, if taking a medication that is a strong CYP2D6 inhibitor

AND

5. Meets the following for dosing above 50 milligrams (mg) per day:
 - a. A demonstrated therapeutic failure at a dose of 50 mg or less per day

AND

- b. Documentation of CYP450 2D6 genotyping that shows intermediate or extensive metabolism

OR

6. Does not meet the clinical review guideline listed above, but in the professional judgment of the physician reviewer, the service is medically necessary to meet the medical needs of the recipient.
7. In addition, if a prescription for Xenazine (tetrabenazine) is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter

C Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request for a prescription for Xenazine (tetrabenazine). If the guidelines in Section B are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

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D. Dose and Duration of Therapy

Approvals of requests for prior authorization of prescriptions of Xenazine (tetrabenazine) will be limited as follows:

1. The initial prescription will be approved for a period of up to 6 months
2. Renewals of prescriptions that were previously approved will be approved for a period of up to 12 months

E. References

1. Armstrong MJ, Miyasaki JM. Evidence-based guideline: Pharmacologic treatment of chorea in Huntington disease – Report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology* 2012;79:597–603.
2. Nance M, Paulsen JS, Rosenblatt A, Wheelock V. A physician's guide to the management of Huntington's disease, 3rd Ed, Huntington's Disease Society of America, 2011.
http://www.hdsa.org/images/content/1/6/16692/HDSAPhysDeskRef_11_web.pdf. Accessed August 6, 2014.
3. Suchowersky O. Huntington disease: Management. UpToDate. Accessed July 23, 2014.
4. Xenazine prescribing information. Lundbeck. September 2012.