Xenazine (tetrabenazine)

Policy Number: 5.01.541  Last Review: 07/2014
Origination: 06/2013  Next Review: 07/2015

Policy
BCBSKC will provide coverage for Xenazine (tetrabenazine) when it is determined to be medically necessary because the following criteria are met.

When Policy Topic is covered:
The use of Xenazine may be considered medically necessary for the following:


Other Uses with Supportive Evidence

2. Tardive dyskinesia (TD).\(^{2-12}\)

   Tetrabenazine has been studied for the treatment of TD, either as initial therapy or in patients who have responded poorly to other agents (e.g., reserpine, bromocriptine, clozapine).\(^{2-12}\) Indirect comparisons suggest tetrabenazine may be the most effective agent available for this disorder\(^3\), although further studies assessing long-term benefit and the propensity of the drug to aggravate TD are needed.

3. Tourette syndrome and related tic disorders.\(^^{2-7,9,13-15}\)

   Improvement has been observed in some patients with Tourette syndrome treated with tetrabenazine after poor response to prior therapy (e.g., haloperidol), in uncontrolled studies.

4. Hyperkinetic dystonia.\(^{3-7,9-10,13,16,21-22}\)

   There are multiple controlled and uncontrolled trials conducted with tetrabenazine that included patients with dystonias.\(^{21}\) In retrospective trials, an overall moderate clinical improvement or better was seen in 161 out of 163 patients with dystonia treated with tetrabenazine. A treatment algorithm for secondary dystonias was developed that notes tetrabenazine can be tried following a trial of an anticholinergic in children with severe secondary dystonias.\(^{22}\) In adults, tetrabenazine can be tried (alone or as combination therapy) following a low-dose trial of anticholinergic.

5. Hemiballism.\(^{11,16}\)

When Policy Topic is not covered:
The use of Xenazine is considered investigational for all other indications.

Considerations
Xenazine requires prior authorization through the Clinical Pharmacy Department.

This Blue Cross and Blue Shield of Kansas City policy Statement was developed using available resources such as, but not limited to: Hayes Medical Technology Directory, Food and Drug
Xenazine reversibly depletes monoamines (such as dopamine, serotonin, norepinephrine, and histamine) from nerve terminals. Xenazine, and its major circulating metabolites (α-dihydrotetrabenazine [HTBZ] and β-HTBZ), reversibly inhibits vesicular monoamine transporter type 2 (VMAT2), resulting in decreased uptake of monoamines into synaptic vesicles and depletion of monoamine stores. Xenazine is indicated for the treatment of chorea associated with Huntington’s disease (HD). There are several other 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 [TD]).

**Rationale**

Tardive dyskinesia (TD).

Tetrabenazine has been studied for the treatment of TD, either as initial therapy or in patients who have responded poorly to other agents (e.g., reserpine, bromocriptine, clozapine). Indirect comparisons suggest tetrabenazine may be the most effective agent available for this disorder, although further studies assessing long-term benefit and the propensity of the drug to aggravate TD are needed.

Tourette syndrome and related tic disorders.

Improvement has been observed in some patients with Tourette syndrome treated with tetrabenazine after poor response to prior therapy (e.g., haloperidol), in uncontrolled studies.

Hyperkinetic dystonia.

There are multiple controlled and uncontrolled trials conducted with tetrabenazine that included patients with dystonias. In retrospective trials, an overall moderate clinical improvement or better was seen in 161 out of 163 patients with dystonia treated with tetrabenazine. A treatment algorithm for secondary dystonias was developed that notes tetrabenazine can be tried following a trial of an anticholinergic in children with severe secondary dystonias. In adults, tetrabenazine can be tried (alone or as combination therapy) following a low-dose trial of anticholinergic.

**References:**


Other References Utilized


**Billing Coding/Physician Documentation Information**

N/A Xenazine is considered a pharmacy benefit.

**Additional Policy Key Words**

Policy Number: 5.01.541

**Related Topics**

N/A

**Policy Implementation/Update Information**

06/2013 New Policy titled Xenazine

07/2014 Reviewed – no policy changes made

This Medical Policy is designed for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there is any exclusion or other benefit limitations applicable to this service or supply. Medical technology is constantly changing and Blue Cross and Blue Shield of Kansas City reserves the right to review and revise medical policy. This information is proprietary and confidential and cannot be shared without the written permission of Blue Cross and Blue Shield of Kansas City.