

Pre - PA AllowanceNone

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.
- e. Dual therapy with other vesicular monoamine transporter 2 (VMAT2) inhibitors (e.g.: deutetrabenazine (Austedo) or valbenazine (Ingrezza)

AND the following for Brand Xenazine **only**:

- a. Patient **MUST** have tried the preferred product (generic Xenazine: tetrabenazine) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

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

Same as above