

Tetrabenazine Effective 07/01/2025

Plan	 □ MassHealth UPPL ⊠Commercial/Exchange 		Prior Authorization	
Benefit	 Pharmacy Benefit Medical Benefit 	Program Type	 Quantity Limit Step Therapy 	
Specialty	This medication has been designated specialty and must be filled at a contracted			
Limitations	specialty pharmacy.			
Contact Information	Medical and Specialty Medications			
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693	
	Non-Specialty Medications			
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029	
Exceptions	N/A			

Overview

Tetrabenazine is a vesicular monoamine transporter 2 (VMAT) inhibitor indicated for the treatment of chorea associated with Huntington's disease.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorizations may be granted when all of the following criteria are met:

- 1. Member has a diagnosis of chorea associated with Huntington disease
- 2. The prescriber is a neurologist or in consultation with a neurologist

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation of improvement in member's overall disease activity

Limitations

- 1. Initial approvals will be granted for 12 months
- 2. Reauthorizations will be granted for 36 months
- 3. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limitation	
Tetrabenazine 12.5mg tablet	120 tablets per 30 days	
Tetrabenazine 25mg tablet	60 tablets per 30 days	
Maximum total daily dose is 100 mg		

Appendix Recommended Dosing

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

- Initiation: 12.5 mg per day given once in the morning.
- <u>Titration</u>: After 1 week, dose can be increased to 25 mg per day given as 12.5 mg twice a day. Continue to titrate slowly at weekly intervals of 12.5 mg, to allow identification of the dose that reduces chorea and is well tolerated.
- <u>Maximum single dose</u>: is generally recommended to be 25 mg, including poor CYP2D6 metabolizers; however, a max single dose of 37.5 mg is recommended in extensive and intermediate CYP2D6 metabolizers.
- <u>Maximum daily dose</u>^{*}: Total daily dose is 100 mg. In CYP2D6 poor metabolizers, maximum daily dose of 50 mg is recommended. In intermediate and extensive CYP2D6 metabolizers, a maximum daily dose of 100 mg is also recommended.

References

- Armstrong MJ and 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. Guay DR. Tetrabenazine, a monoamine-depleting drug used in the treatment of hyperkinetic movement disorders. Am J Geriatr Pharmacother 2010; 8:331.
- 3. National Institute of Neurological Disorders and Stroke. Huntington's Disease: Hope Through Research [on the Internet]. Bethesda (MD): NIH; 2014 [updated Apr 2014; cited 23 May 2014]. Available from: http://www.ninds.nih.gov/disorders/huntington/detail_huntington.htm
- 4. Xenazine (tetrabenazine) [prescribing information]. Deerfield, IL: Lundbeck; November 2019.

Review History

06/15/09 - Reviewed 08/03/09 - Implemented

06/21/10 - Reviewed

- 06/27/11 Updated
- 06/25/12 Reviewed
- 06/24/13 Reviewed
- 06/23/14 Reviewed
- 06/22/15 Reviewed
- 06/27/16 Reviewed
- 09/18/17 Reviewed
- 04/17/19 Reviewed

05/20/2020 – Reviewed and Updated May P&T Mtg; removed black box warning from criteria; references updated; added QL to criteria; added started and stabilized statement. Effective 8/1/20.

06/11/2025 – Reviewed and Updated at June P&T. Administrative update – updated language for members who are new to the Plan. Effective 07/01/2025.