

Tetrabenazine
Effective 07/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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

- Initiation: 12.5 mg per day given once in the morning.

- Titration: 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.
- Maximum single dose: 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.
- Maximum daily dose*: 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

1. 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.

