



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 20, 2011 June 18, 2012, March 14, 2018, July 16, 2018

## **XENAZINE® (tetrabenazine)**

**LENGTH OF AUTHORIZATION:** UP TO SIX MONTHS

**REVIEW CRITERIA:**

- **Chorea of Huntington's Disease**
  - Must have diagnosis of **Huntington's Disease**
  - **Age ≥ 18 years**

**DOSING:**

- Recommendations up to 50 mg per day.
- Dosage form: 12.5mg and 25mg tablets