Clinical Policy: Tetrabenazine (Xenazine)

Reference Number: CP.PHAR.92
Effective Date: 12/11
Last Review Date: 12/16 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
The intent of the criteria is to ensure that patients follow selection elements established by Centene® clinical policy for tetrabenazine (Xenazine®).

Policy/Criteria
It is the policy of health plans affiliated with Centene Corporation® that tetrabenazine is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Huntington's Disease (must meet all):

1. Prescribed by a neurologist;
2. Diagnosis of chorea associated with Huntington's disease;
3. Prescribed dose of tetrabenazine does not exceed 50 mg per day *(Note: If genotype confirms extensive or intermediate CYP2D6 metabolizer status, max dose does not exceed 100 mg per day);*
4. Member has none of the following contraindications:
   a. Actively suicidal or untreated/inadequately treated depression;
   b. Hepatic impairment (Child-Pugh A, B or C);
   c. Concomitant use of tetrabenazine with monoamine oxidase inhibitors (MAOIs) or reserpine.

Approval duration: 3 months

II. Continued Approval

A. Huntington's Disease (must meet all)**:**

1. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria;
2. Member has had improvement in chorea symptoms while on tetrabenazine;
3. Prescribed dose of tetrabenazine does not exceed 50 mg per day *(Note: If genotype confirms extensive or intermediate CYP2D6 metabolizer status, max dose does not exceed 100 mg per day);*
4. Member has none of the following reasons to discontinue:
   a. Actively suicidal or untreated/inadequately treated depression;
   b. Hepatic impairment (Child-Pugh A, B or C);
   c. Concomitant use of tetrabenazine with MAOIs or reserpine.

Approval duration: 6 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy; or
2. Refer to CP.PHAR.57 - Global Biopharm Policy**.**

Background

Description/Mechanism of Action:

Xenazine (tetrabenazine) is a monoamine depletor for oral administration. The precise mechanism by which tetrabenazine exerts its anti-chorea effects is unknown but is believed to be related to its effect as a reversible depletor of monoamines (such as dopamine, serotonin, norepinephrine, and histamine) from nerve terminals. Tetrabenazine reversibly inhibits the human vesicular monoamine transporter type 2 (VMAT2) resulting in decreased uptake of monoamines into synaptic vesicles and depletion of monoamine stores. Human VMAT2 is also inhibited by dihydrotetrabenazine (HTBZ), a mixture of α-HTBZ and β-HTBZ. α- and β-HTBZ, major circulating metabolites in humans, exhibit high in vitro binding affinity to bovine VMAT2. Tetrabenazine exhibits weak in vitro binding affinity at the dopamine D2 receptor.

Formulations:
- Tablet, Oral:
  - Xenazine: 12.5 mg
  - Xenazine: 25 mg [scored]
  - Generic: 12.5 mg, 25 mg

FDA Approved Indications:

Xenazine is a vesicular monoamine transporter 2 (VMAT) inhibitor/oral tablet formulation indicated for the treatment of chorea associated with Huntington's disease.

Appendices

Appendix A: Abbreviation Key

HD: Huntington's disease
MAOI: monoamine oxidase inhibitors
VMAT: vesicular monoamine transporter

Reviews, Revisions, and Approvals	Date	Approval Date
No clinical changes.	12/12	12/12
Converted embedded SGM document into Centene policy template	08/13	
Appendix A and B added. Dosing added to the algorithm	02/14	03/14
Added safety and efficacy information to Background	01/15	02/15
Policy converted to new template. Criteria: Neurologist and age requirement added. Renamed to Tetrabenazine	01/16	01/16
Policy converted to new template. Age removed; max dose added. Definition of hepatic impairment is added as Child-Pugh A, B or C.	12/16	01/17

References

1. Xenazine Prescribing Information. Deerfield, IL: Lundbeck; June 2015. Available at http://www.lundbeck.com/upload/us/files/pdf/Products/Xenazine_PI_US_EN.pdf. Accessed December 9, 2016.
2. Armstrong MJ, 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(6): 597-603. doi: 10.1212/WNL.0b013e318263c443

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.