

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