VENTURA COUNTY
HEALTH CARE PLAN

XENAZINE (tetrabenazine)

Effective Date: 1/28/14
Date Developed: 1/28/14 by Robert Sterling, MD
Last Approval Date: 1/26/16, 1/24/17
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Xenazine reversibly depletes monoamines (such as dopamine, serotonin, norepinephrine, and histamine) from the synaptic vessicles of nerve terminals.**Authorization:** treatment of chorea associated with Huntington's disease

Dosing: When first prescribed, XENAZINE therapy should be titrated slowly over several weeks to identify a dose of XENAXINE that reduces chorea and is tolerated:

Starting dose 12.5 mg per day given once in the morning. After one week, increase to 25 mg per day given as 12.5 mg twice a day. Increase at weekly intervals by 12.5 mg to allow the identification of a tolerated dose that reduces chorea. If a dose of 37.5 to 50 mg per day is needed, it should be given in a three times a day regimen. The maximum recommended single dose is 25 mg, maximum recommended daily dose 50 mg. If adverse events (such as akathisia, restlessness, parkinsonism, depression, insomnia, anxiety or sedation) occur, titration should be stopped and the dose reduced. If the adverse event does not resolve, withdraw XENAZINE and consider other specific treatments (e.g., antidepressants)

PRECAUTIONS: Neuroleptic Malignant Syndrome (NMS); extrapyramidal symptoms (akasthisia, restlessness, agitation, parkinsonism); sedation; worsening of depression; QTc prolongation; elevated serum prolactin;

DRUG INTERACTIONS: Strong CYP2D6 Inhibitors (e.g., paroxetine, fluoxetine, quinidine) may necessitate a reduction in Xenazine dose; use of MAOIs contraindicates the use of Xenazine unless they have been discontinued for at least 14 days; avoid drugs that prolong the QTc, including antipsychotic medications (e.g., chlorpromazine, haloperidol, thioridazine, ziprasidone), antibiotics (e.g., moxifloxacin), Class 1A (e.g., quinidine, procainamide) and Class

III (e.g., amiodarone, sotalol) antiarrhythmic medications, or any other medications known to prolong the QTc interval

REFERENCES

Chatterjee A and Frucht SJ, "Tetrabenazine in the Treatment of Severe Pediatric Chorea," *Mov Disord*, 2003, 18(6):703-6.

Furukawa T, Ushizima I, and Ono N, "Modifications by Lithium of Behavioral Responses to Methamphetamine and Tetrabenazine," *Psychopharmacologia*, 1975, 42(3):243-8.

Jankovic J and Beach J, "Long-Term Effects of Tetrabenazine in Hyperkinetic Movement Disorders," *Neurology*, 1997, 48(2):358-62.

Lubbe WF and Walker EB, "Chorea Gravidarum Associated With Circulating Lupus Anticoagulant Successful Outcome of Pregnancy With Prednisone and Aspirin Therapy. Case Report," *Br J Obstet Gynaecol*, 1983, 90(5):487-90.

Ondo WG, Hanna PA, and Jankovic J, "Tetrabenazine Treatment for Tardive Dyskinesia: Assessment by Randomized Videotape Protocol," *Am J Psychiatry*, 1999, 156(8):1279-81.

Paleacu D, Giladi N, Moore O, et al, "Tetrabenazine Treatment in Movement Disorders," *Clin Neuropharmacol*, 2004, 27(5):230-3.

Shannon KM, "Hemiballismus," *Curr Treat Options Neurol*, 2005, 7(3):203-10.

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