

**Medical Coverage Guideline:  
09-J1000-07, Tetrabenazine (Xenazine) and Deutetrabenazine (Austedo, Austedo XR)**

The prior Medical Coverage Guideline (MCG) for this therapy has been consolidated to a single MCG:

[09-J5000-43, Huntington's Chorea and Tardive Dyskinesia Agents](#)

A complete list of previous MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number
Tetrabenazine (Xenazine) and Deutetrabenazine (Austedo, Austedo XR)	09-J1000-07
Valbenazine (Ingrezza, Ingrezza Sprinkle)	09-J2000-81