PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)

DIBENZYLINE (phenoxybenzamine)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Dibenzyline is indicated in the treatment of pheochromocytoma, to control episodes of hypertension and sweating. If tachycardia is excessive, it may be necessary to use a beta-blocking agent concomitantly.

Compendial Uses

Paraganglioma^{5,6}

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

• The requested drug is being prescribed for the treatment of pheochromocytoma or paraganglioma to control episodes of hypertension and sweating

AND

 The patient has experienced an inadequate treatment response to an alpha 1 selective adrenergic receptor blocker (e.g., doxazosin, prazosin, terazosin)

OR

• The patient has experienced an intolerance to an alpha 1 selective adrenergic receptor blocker (e.g., doxazosin, prazosin, terazosin)

OR

• The patient has a contraindication that would prohibit a trial of an alpha 1 selective adrenergic receptor blocker (e.g., doxazosin, prazosin, terazosin)

Quantity Limits apply. 360 capsules/month

REFERENCES

- Dibenzyline [package insert]. Dublin 9, Ireland: Amdipharm Limited; April 2020.
- Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed February 22, 2021.
- 3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com._Accessed February 22, 2021.
- 4. Neumann HPH, Young WF, Eng C. Pheochromocytoma and Paraganglioma. *The New England Journal of Medicine* 2019:381:552-65
- 5. Lenders JWM, Duh QY, Eisenhofer G, et al. Pheochromocytoma and Paraganglioma: An Endocrine Society Clinical Practice Guideline. *Journal of Clinical Endocrinology and Metabolism* 2014;99(6):1915-1942.
- 6. Neuroendocrine and Adrenal Tumors. NCCN Guidelines version 2.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/neuroendocrine.pdf. Accessed February 2021.

Dibenzyline PA with Limit Policy 3673-C 04-2021

©2021 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.