

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

DIBENZYLINE
(phenoxybenzamine)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Dibenzylamine 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

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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.