

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

Pheochromocytoma or Paraganglioma

Authorization may be granted when the requested drug is being prescribed for the treatment of pheochromocytoma or paraganglioma to control episodes of hypertension and sweating when ONE of the following criteria are met:

- The patient has experienced an inadequate treatment response to an alpha 1 selective adrenergic receptor blocker (e.g., doxazosin, prazosin, terazosin)
- The patient has experienced an intolerance to an alpha 1 selective adrenergic receptor blocker (e.g., doxazosin, prazosin, terazosin)
- 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 per 25 days* or 1,080 capsules per 75 days*

*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

DURATION OF APPROVAL (DOA)

- 3673-C: DOA: 12 months

REFERENCES

1. Dibenzylamine [package insert]. Dublin 9, Ireland: Amdipharm Limited; April 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed January 17, 2024.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 01/17/2024).
4. Neumann HPH, Young WF, Eng C. Pheochromocytoma and Paraganglioma. *The New England Journal of Medicine* 2019; 381:552-65.

Dibenzylamine PA with Limit Policy 3673-C UDR 03-2024

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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 1.2023. Available at: https://www.nccn.org/professionals/physician_gls/pdf/neuroendocrine.pdf. Accessed February 01, 2024.

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