

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Phenoxybenzamine (Dibenzylamine)

Notes:

- Quantity limits: No

Initiation (new start) criteria and criteria for new members or current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **phenoxybenzamine (Dibenzylamine)** will be covered on the prescription drug benefit for 3 months when the following criteria are met:

- Diagnosis of or undergoing evaluation for a catecholamine-secreting neoplasm (e.g., pheochromocytoma)
- Prescribed by Hematology/Oncology, Neurology or Endocrinology for pre-procedural blood pressure control
- Patient has failed a trial of doxazosin or other selective alpha-adrenergic blocker (terazosin, prazosin)

-OR-

Non-formulary **phenoxybenzamine (Dibenzylamine)** will be covered on the prescription drug benefit indefinitely when the following criteria are met:

- Diagnosis of a metastatic catecholamine-secreting neoplasm (e.g., pheochromocytoma)
- Prescribed by Hematology/Oncology, Neurology or Endocrinology for blood pressure control
- Patient has failed a trial of doxazosin or other selective alpha-adrenergic blocker (terazosin, prazosin)

Continued use criteria (3 months after initiation): Non-formulary **phenoxybenzamine (Dibenzylamine)** will be covered on the prescription drug benefit until date of surgery when the following criteria are met:

- Diagnosis of or undergoing evaluation for a catecholamine-secreting neoplasm (e.g., pheochromocytoma)
- Prescribed by Hematology/Oncology, Neurology or Endocrinology for pre-procedural blood pressure control