PHENOXYBENZAMINE

Generic	Brand	HICL	GCN	Exception/Other
PHENOXYBENZAMINE	DIBENZYLINE	02098		ROUTE = ORAL

This drug requires a written request for prior authorization.

GUIDELINES FOR USE

1. Does the patient have a diagnosis of pheochromocytoma and meet **ALL** of the following criteria?
   - The requested medication is used for the treatment of pheochromocytoma prior to pheochromocytoma resection/removal
   - Therapy is prescribed by or in consultation with an endocrinologist, an endocrine surgeon, or a hematologist - oncologist
   - The patient has had a previous trial of or contraindication to an alpha-1 selective adrenergic receptor blocker (e.g., doxazosin, terazosin, or prazosin)

   If yes, **approve for one fill by HICL with a quantity limit of #10 capsules per day for 21 days.**
   If no, do not approve.
   DENIAL TEXT: The guideline for **PHENOXYBENZAMINE (Dibenzyline)** requires a diagnosis of pheochromocytoma. In addition, the following criteria must also be met:
   - The requested medication is used for the treatment of pheochromocytoma prior to pheochromocytoma resection/removal
   - Therapy is prescribed by or in consultation with an endocrinologist, an endocrine surgeon, or a hematologist - oncologist
   - The patient has had a previous trial of or contraindication to an alpha-1 selective adrenergic receptor blocker (e.g., doxazosin, terazosin, or prazosin)

RATIONALE

Ensure appropriate utilization for phenoxybenzamine based on FDA approved indication and dosing.

FDA APPROVED INDICATIONS

Phenoxybenzamine is indicated for 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.

CONTINUED ON NEXT PAGE

PHENOXYBENZAMINE

FDA APPROVED INDICATIONS (CONTINUED)

DOSAGE AND ADMINISTRATION
Initial dose for phenoxybenzamine is 10 mg orally twice a day. Dosage should be increased every other day, usually to 20 to 40 mg 2 or 3 times a day, until an optimal dosage is obtained, as judged by blood pressure control.

Dosage should be adjusted to fit the needs of each patient. Small initial doses should be slowly increased until the desired effect is obtained or the side effects from blockade become troublesome. After each increase, the patient should be observed on that level before instituting another increase. The dosage should be carried to a point where symptomatic relief and/or objective improvement are obtained, but not so high that the side effects from blockade become troublesome.

Long-term use of phenoxybenzamine is not recommended.

REFERENCES

- Phenoxybenzamine [Prescribing Information]. West-Ward Pharmaceuticals Corp. Eatontown, NJ. May 2016.
- Lenders JWM, Duh QY, Eisenhofer G, et al. Pheochromocytoma and Paraganglioma: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. June 2014; 99 (6):1915-1942.
- UpToDate, Inc. Treatment of pheochromocytoma in adults. UpToDate [database online]. Last updated Oct 20, 2017.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 10/01/18
Created: 08/18
Client Approval: 09/18
P&T Approval: 07/18