



**Pheochromocytoma** – a rare tumor of the chromaffin cells in the adrenal gland that secretes catecholamines producing a constellation of symptoms, including hypertension, sweating, headache, tachycardia, and arrhythmias

## **POLICY**

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drugs, Dibenzyliline (phenoxybenzamine) and Demser (metyrosine), are subject to the prior authorization process.

## **PROCEDURE**

### **Initial Authorization Criteria:**

*Must meet all of the criteria listed below:*

- Must be prescribed by or in consultation with an endocrinologist or an endocrine surgeon
- Must have a diagnosis of pheochromocytoma
- Must have surgical resection planned, have a contraindication to surgery, or have malignant pheochromocytoma
- For metyrosine (Demser) only:
  - Must be prescribed concomitantly with an alpha-adrenergic antagonist or a calcium channel blocker

### **Reauthorization Criteria:**

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon chart documentation from the prescriber that the member's condition has improved or stabilized while on therapy.

### **Limitations:**



<b>Length of Authorization (if above criteria met)</b>	
Initial Authorization	Up to 3 months
Reauthorization	Up to 1 year

If the established criteria are not met, the request is referred to a Medical Director for review.

## REFERENCES

1. Dibenzylamine [package insert]. Sarasota, FL: WellSpring Pharmaceutical Corporation; March 2009
2. Demser [package insert]. Whitehouse Station, NJ: Merck & Co.; April 2002
3. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Neuroendocrine Tumors. Version 1.2012
4. Pacak K. Approach to the patient: preoperative management of the pheochromocytoma patient. *J Clin Endocrinol Metab* 2007;92:4069-4079
5. Kopf D, Goretzki PE, Lehnert H. Clinical management of malignant adrenal tumors. *J Cancer Res Clin Oncol* 2001;127:143-155
6. Bravo EL. Pheochromocytoma: an approach to hypertension management. *Ann NY Acad Sci* 2002;970:1-10
7. Te AE. A modern rationale for the use of phenoxybenzamine in urinary tract disorders and other conditions. *Clinical Therapeutics* 2002;24(5):851-861

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

## REVIEW HISTORY

<b>DESCRIPTION OF REVIEW / REVISION</b>	<b>DATE APPROVED</b>
<i>Annual review</i>	<i>02/17, 02/18</i>

