

PRIOR AUTHORIZATION POLICY

POLICY: Pheochromocytoma – Metirosine Capsules and Phenoxybenzamine Capsules Prior Authorization Policy

- Metirosine Capsules (Demser[®], generics – Bausch Health, generics)
- Phenoxybenzamine capsules (Dibenzyl[®] – Concordia Pharmaceuticals, generics)

REVIEW DATE: 09/09/2020

OVERVIEW

Metyrosine capsules, a tyrosine hydroxylase inhibitor, is indicated for the treatment of patients with pheochromocytoma for:¹

- **Preoperative preparation of patients for surgery.**
- **Management of patients when surgery is contraindicated.**
- **Chronic treatment of patients with malignant pheochromocytoma.**

Phenoxybenzamine capsules, a long-acting, adrenergic, alpha-receptor blocking agent, 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.²

Guidelines

A clinical practice guideline was published in 2014 from the Endocrine Society regarding pheochromocytoma and paraganglioma.³ The guidelines recommend preoperative alpha₁-adrenergic receptor blockers as the first choice to control blood pressure and prevent a hypertensive crisis. Both selective and non-selective alpha-blockers have been used (e.g., phenoxybenzamine, doxazosin, prazosin, and terazosin). Calcium channel blockers are the most often used add-on drug class to further improve blood pressure control in patients already treated with alpha-adrenergic receptor blockers. Preoperative co-administration of beta-adrenergic receptor blockers (e.g., atenolol, metoprolol, and propranolol) is utilized to control tachycardia after administration of alpha-adrenergic receptor blockers. Demser may be used in combination with alpha-adrenergic receptor blockers for a short period before surgery to further stabilize blood pressure to reduce blood loss and volume depletion during surgery.

The National Comprehensive Cancer Network (NCCN) guidelines for Neuroendocrine and Adrenal Tumors (version 2.2020 – July 24, 2020) address pheochromocytoma and paragangliomas.⁴ Alpha blockade (e.g., terazosin, doxazosin, and prazosin) is recommended first-line for all hormonally-secreting pheochromocytomas and paragangliomas. After alpha blockade, if additional blood pressure support is required, the additional of dihydropyridine calcium channel blockers can be considered. Metyrosine can be used in addition to alpha blockade to stabilize blood pressure.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of metyrosine and phenoxybenzamine. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with metyrosine and phenoxybenzamine as well as the monitoring required for adverse events and long-term efficacy, approval requires metyrosine and phenoxybenzamine to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

Documentation: Documentation will be required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and prescription receipts.

RECOMMENDED AUTHORIZATION CRITERIA

FDA-Approved Indications

I. Coverage of phenoxybenzamine is recommended in those who meet the following criteria:

1. Pheochromocytoma. Approve phenoxybenzamine for 1 year if the patient meets the following criteria (A and B):

- A) If brand Dibenzyline is requested, patient has tried AND cannot take generic phenoxybenzamine due to a formulation difference in the inactive ingredient(s) (e.g., difference in dyes, fillers, preservatives) between the brand and the bioequivalent generic product which, according to the prescriber, would result in a significant allergy or a serious adverse reaction **[documentation required]**.
- B) The medication is prescribed by, or in consultation with, an endocrinologist or a physician who specializes in the management of pheochromocytoma.

II. Coverage of metyrosine is recommended in those who meet the following criteria:

1. Pheochromocytoma. Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

- A) Initial therapy. Approve for 1 year if the patient meets all of the following criteria (i, ii, and iii):
 - i. Patient has tried a selective alpha blocker (e.g., doxazosin, terazosin or prazosin); AND
 - ii. Patient has tried phenoxybenzamine (brand or generic); AND
 - iii. The medication is prescribed by, or in consultation with, an endocrinologist or a physician who specializes in the management of pheochromocytoma.
- B) Patient is currently receiving metyrosine or has received metyrosine in the past. Approve for 1 year if prescribed by, or in consultation with, an endocrinologist or a physician who specializes in the management of pheochromocytoma.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of metyrosine and phenoxybenzamine is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Demser[®] capsules [prescribing information]. Bridgewater, NJ: Bausch Health; July 2020.
2. Dibenzylamine[®] capsules [prescribing information]. St. Michael, Barbados: Concordia Pharmaceuticals; August 2020.
3. Lenders JWM, Duh QY, Eisenhofer G, et al. Pheochromocytoma and paraganglioma: an Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2014;99(6):1915-1942.
4. The NCCN Neuroendocrine and Adrenal Tumors Clinical Practice Guidelines in Oncology (version 2.2020 – July 24, 2020) © 2019 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed on August 20, 2020.