

Phenoxybenzamine Hydrochloride (Dibenzylamine)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Phenoxybenzamine Hydrochloride (Brand Name: Dibenzylamine) is FDA approved to treat high blood pressure (hypertension) and sweating associated with pheochromocytoma. It is a nonselective blocker of alpha-receptors taken twice daily as a capsule. A pheochromocytoma is a neuroendocrine tumor that arises from cells that produce epinephrine, norepinephrine, and dopamine. Symptoms of pheochromocytoma include episodic headache, sweating, high blood pressure and elevated heart rate, and can be provoked by use of medications associated with certain adverse effects. Medication lists should be evaluated for possible offending medications.

The preferred treatment option for pheochromocytoma and paraganglioma (a benign neuroendocrine tumor) is surgical resection of the tumor, if anatomically possible. Surgery can sometimes precipitate a worsening of symptoms, including the possibility of life-threatening hypertension. To prepare individuals for surgery, alpha blockade combined with beta-adrenergic blockade should be initiated 7-14 days prior to surgery to control blood pressure and prevent intraoperative hypertensive crisis. In addition to phenoxybenzamine, doxazosin, terazosin, and prazosin are effective alpha blocking medications to treat pheochromocytoma. If surgery is contraindicated it may be necessary to initiate long term alpha blockade and beta-adrenergic blockade to control hypertension and sweating. Long term use of phenoxybenzamine (dibenzylamine) is not recommended. Providers must carefully weigh the risks and benefits before use.

Definitions

“Neuroendocrine tumor” is a rare type of tumor that arises from specialized body cells called neuroendocrine cells. These cells have traits of both nerve cells and hormone-producing cells, and release hormones into the blood in response to signals from the nervous system.

“Intraoperative hypertensive crisis” is severely elevated blood pressure that occurs during surgery.

Medical Necessity Criteria for Initial Authorization

The Plan considers phenoxybenzamine (Dibenzylamine) medically necessary when ALL of the following criteria are met:

1. The member has a documented diagnosis of pheochromocytoma or paraganglioma; *AND*
2. The medication is being prescribed by or in consultation with an endocrinologist or a physician who specializes in the management of pheochromocytoma or paraganglioma; *AND*
3. The medication is being used for ONE (1) of the following:
 - a. as preoperative preparation for a scheduled surgical resection within 14 days of phenoxybenzamine initiation; *or*
 - b. for prolonged (long-term) treatment of hypertension caused by a pheochromocytoma or paraganglioma not amenable to surgery; *AND*
4. The member meets ONE (1) of the following:
 - a. Phenoxybenzamine (Dibenzylamine) is being used to treat stage IV advanced, metastatic cancer [based upon applicable state regulations]; *or*
 - b. The member is unable to use or has tried and failed TWO (2) of the following selective alpha blockers:
 - i. Doxazosin; and/or
 - ii. Prazosin; and/or
 - iii. Terazosin; *AND*
5. Chart documentation and supporting laboratory test results are provided for review to substantiate the above listed requirements.

If the above prior authorization criteria are met, phenoxybenzamine (dibenzylamine) will be approved for:

- 14 days for pre-operative management; OR
- 12 months for long-term management

Medical Necessity Criteria for Reauthorization

Reauthorization for up to 12 months will be granted if recent chart documentation (within the last 12 months) shows the member has experienced therapeutic response to the requested medication as evidenced by ONE (1) of the following:

1. Clinical improvement (e.g., management of the signs and symptoms of pheochromocytoma) in symptoms since starting the requested medication; *OR*

2. Disease stability (e.g., control of tachycardia) since starting the requested medication

Experimental or Investigational / Not Medically Necessary

phenoxybenzamine (Dibenzylamine) for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

Appendix

Table 1: ICD-10-CM (diagnosis) Codes for Pheochromocytoma

Codes	Description
C74.9	Malignant neoplasm of adrenal gland, unspecified
C75.9	Malignant neoplasm of endocrine gland, unspecified
E27.5	Adrenomedullary hyperfunction

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