oscar

Clinical Guideline

Guideline Number: PG054, Ver. 1

phenoxybenzamine

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Phenoxybenzamine is FDA approved to treat 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, hypertension and tachycardia and can be provoked by use of medications associated with certain adverse effects. Patient medications lists should be evaluated for possible offending medications. The preferred treatment option for pheochromocytoma is surgical resection of the tumor, if anatomically possible. To prepare patients for surgery, alpha blockade combined with beta-adrenergic blockade should be initiated 10-14 days prior to surgery to control blood pressure and prevent intraoperative hypertensive crises. 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 is not recommended. Providers must carefully weigh the risk 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 crises" is severely elevated blood pressure that occurs during surgery

Medical Necessity Criteria for Initial Authorization

Oscar covers Phenoxybenzamine when ALL of the following criteria is met:

1. The member has a documented diagnosis of pheochromocytoma; *and*
2. The medication is being prescribed by or in consultation with an endocrinologist or a physician who specializes in the management of pheochromocytoma; *and*
3. The medication is being used as preoperative preparation for a scheduled surgical resection within 14 days of phenoxybenzamine initiation OR for long term management if surgery contraindicated; *and*
4. The member has an inadequate response, significant side effects/toxicity, or has a contraindication to 2 of the following selective alpha blockers:
    a. Doxazosin
    b. Terazosin
    c. Prazosin

If the above prior authorization criteria are met, Phenoxybenzamine will be approved for 14 days for pre-operative management OR 12 months for long term management.

Medical Necessity Criteria for Reauthorization:

Reauthorization of 12 months will be granted if the member has chart documentation showing clinical improvement in symptoms.

Experimental or Investigational / Not Medically Necessary

Phenoxybenzamine for any other indication is *not covered* by Oscar as it is considered experimental, investigational, or unproven.

References

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
2. Jacques W. M. Lenders, Quan-Yang Duh, Graeme Eisenhofer, Anne-Paule Gimenez-Roqueplo, Stefan K. G. Grebe, Mohammad Hassan Murad, Mitsuhide Naruse, Karel Pacak, William F. Young, Jr, Pheochromocytoma and Paraganglioma: An Endocrine Society Clinical Practice Guideline, The Journal of Clinical Endocrinology & Metabolism, Volume 99, Issue 6, 1 June 2014, Pages 1915–1942, https://doi.org/10.1210/jc.2014-1498
3. Young WF, Kebebew E. Treatment of pheochromocytoma in adults. Last updated: Nov 25, 2019 In: UpToDate, Waltham, MA.

Clinical Guideline Revision / History Information

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