Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	тх	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Х	NA	NA	Х

^{*}FHK- Florida Healthy Kids

Demser (metyrosine)

Override(s)	Approval Duration							
Prior Authorization	1 year							
Quantity Limit								

Medications	Quantity Limit						
Demser (metyrosine)	May be subject to quantity limit						

APPROVAL CRITERIA

Requests for Demser (metyrosine) may be approved when the following criteria is met:

- I. Individual is using in the treatment of pheochromocytoma as:
 - A. Short term management while awaiting surgery; OR
 - B. Long term management for malignant pheochromocytoma or when surgery is contraindicated.

Requests for Demser (metyrosine) may **not** be approved for the following:

I. Treatment of essential hypertension.

State Specific Mandates									
State name N/A	Date effective N/A	Mandate details (including specific bill if applicable) N/A							

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: http://www.clinicalpharmacology.com. Updated periodically.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Х	NA	NA	Х

^{*}FHK- Florida Healthy Kids

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: June 10, 2018.

Drug Facts and Comparisons. Facts and Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; 2018. Updated periodically.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.