

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Dibenzylamine (phenoxybenzamine)

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

Medications	Quantity Limit
Dibenzylamine (phenoxybenzamine)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Dibenzylamine (phenoxybenzamine) may be approved when the following criteria is met:

- I. Individual is using in the treatment of pheochromocytoma as (AHFS):
 - A. Short term management while awaiting surgery; **OR**
 - B. Long term management when surgery is contraindicated.

Requests for phenoxybenzamine may **not** be approved for the following:

- I. Treatment of essential hypertension (AHFS).

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

Key References:

- DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 13, 2019.
- DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
- Young WF, Kebebew E. Treatment of pheochromocytoma in adults. Last updated: August 22, 2018. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: April 13, 2019.

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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