



Commercial/Healthcare Exchange PA Criteria
Effective: January 1, 2021

Prior Authorization: Phenoxybenzamine

Products Affected: Phenoxybenzamine Hydrochloride 10 mg Capsules

Medication Description: Phenoxybenzamine hydrochloride is a long-acting, adrenergic, *alpha*-receptor-blocking agent, which can produce and maintain “chemical sympathectomy” by oral administration. It increases blood flow to the skin, mucosa and abdominal viscera, and lowers both supine and erect blood pressures. It has no effect on the parasympathetic system.

Covered Uses: Treatment of pheochromocytoma, to control episodes of hypertension and sweating

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis

Age Restrictions: N/A

Prescriber Restrictions: N/A

Coverage Duration:

1. perioperative management: 14 days
2. non-perioperative management: 12 months

Other Criteria:

Pheochromocytoma

Initial

- A. Patient is using in the treatment of pheochromocytoma as:
 - a. Short term management while awaiting surgery; **OR**
 - b. Long term management when surgery is contraindicated.

Continuation

- A. Patient is using in the treatment of pheochromocytoma only when being used for long term management when surgery is contraindicated; **AND**
- B. Patient is responding positively to therapy

References:

1. Phenoxybenzamine [package insert]. Bridgewater, NJ, Amneal Pharmaceuticals LLC. Updated October 29, 2020.

Policy Revision history

Last Rev. January 2021



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Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/1/2021

