

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 15, 2011 April 20, 2012, June 22, 2022, July 7, 2022

DIBENZYLINE® (phenoxybenzamine)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

- Patient must be ≥ 18 years old.
- Must have a diagnosis of pheochromocytoma with associated episodes of hypertension and sweating as confirmed per progress notes, discharge summary, or “health conditions”.
- Patient must have a trial and failure of **ONE** of the following unless contraindicated:
 - Doxazosin
 - Prazosin
 - Terazosin

DOSING AND ADMINISTRATION:

- Refer to product labeling <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as: 10 mg capsules.