SPECIALTY GUIDELINE MANAGEMENT

DEMSER (metyrosine) metyrosine (generic)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

Demser (metyrosine) is indicated in the treatment of patients with pheochromocytoma for:

- 1. Preoperative preparation of patients for surgery
- 2. Management of patients when surgery is contraindicated
- 3. Chronic treatment of patients with malignant pheochromocytoma

Demser (metyrosine) is not recommended for the control of essential hypertension.

B. Compendial Use

For pheochromocytoma/paraganglioma: may be used in combination with alpha blockade with or without dihydropyridine calcium channel blockade and/or beta blockade as medical preparation for primary treatment.

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Pheochromocytoma/Paraganglioma

Authorization of 12 months may be granted for treatment of pheochromocytoma/paraganglioma when the member has experienced an inadequate treatment response, intolerance, or has a contraindication to an alpha-adrenergic antagonist (e.g., terazosin, doxazosin, prazosin, phenoxybenzamine) and any of the following criteria are met:

- A. The requested agent will be used for preoperative preparation for surgery
- B. The requested agent will be used for management when surgery is contraindicated
- C. The requested agent will be used for chronic treatment for malignant pheochromocytoma

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II who have improvement in symptoms (e.g., blood pressure, heart rate, headaches, sweating, anxiety) and no unacceptable toxicity while on the current regimen.

IV. REFERENCES

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