

**DEMSEER
(metyrosine)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 12 years of age and older

Diagnosis:

Patient must have the following:

1. Pheochromocytoma:
 - a. Patient has surgical resection planned **OR**
 - b. Surgery is contraindicated **OR**
 - c. Patient has malignant pheochromocytoma

AND ALL of the following:

1. NOT being used for the treatment of essential hypertension
2. Patient has inadequate treatment response, intolerance or contraindication to a selective alpha 1-adrenergic receptor blocker (e.g. doxazosin, terazosin and prazosin)
3. Patient has inadequate treatment response, intolerance or contraindication to phenoxybenzamine
4. Prescriber will not exceed the FDA maximum daily dose of 4 grams/day
5. Prescribed by, or recommended by, an endocrinologist or a physician who specializes in the management of pheochromocytoma

Prior - Approval Limits

Quantity 1440 capsules per 90 days

Duration 3 months

Prior – Approval *Renewal* Requirements

Age 12 years of age and older

Diagnosis

Patient must have the following:

1. Pheochromocytoma



**BlueCross
BlueShield**

Federal Employee Program.

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- a. Surgery is contraindicated **OR**
- b. Patient has malignant pheochromocytoma

AND ALL of the following:

- 1. Patient's condition has improved or stabilized with therapy
- 2. Prescriber will not exceed the FDA maximum daily dose of 4 grams/day
- 3. Prescribed by, or recommended by, an endocrinologist or a physician who specializes in the management of pheochromocytoma

Prior - Approval *Renewal* Limits

Quantity 1440 capsules per 90 days
Duration 12 months