

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Metyrosine (Demser)

#### Notes:

- Quantity limits: No
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

#### **Initiation (new start) criteria and criteria for new members or current Kaiser Permanente members already taking the medication who have not been reviewed**

**previously**: Non-formulary **metyrosine (Demser)** will be covered on the prescription drug benefit for 3 months when the following criteria are met:

- Diagnosis of or undergoing evaluation for a catecholamine-secreting neoplasm (e.g., pheochromocytoma)
- Prescribed by Hematology/Oncology, Neurology or Endocrinology for pre-procedural blood pressure control
- Patient is taking or has failed or has a contraindication or intolerance\* to combined alpha- and beta-adrenergic blockade:
  - Alpha-adrenergic blocker: trial of doxazosin or other selective alpha-adrenergic blocker (terazosin, prazosin) or phenoxybenzamine (Dibenzyline)
  - Beta-adrenergic blocker: trial of metoprolol IR or propranolol or other beta-adrenergic blocker

**Continued use criteria (3 months after initiation)**: Non-formulary **metyrosine (Demser)** will continue to be covered on the prescription drug benefit for until date of procedure when the following criteria are met:

- Diagnosis of or undergoing evaluation for a catecholamine-secreting neoplasm (e.g., pheochromocytoma)
- Prescribed by Hematology/Oncology, Neurology or Endocrinology for pre-procedural blood pressure control