



GEORGIA MEDICAID FEE-FOR-SERVICE PHEOCHROMOCYTOMA AGENTS PA SUMMARY

Preferred	Non-Preferred
Doxazosin generic Metyrosine generic* Prazosin generic Terazosin generic	Phenoxybenzamine generic

*preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTE: Metyrosine generic is preferred but requires prior authorization.

PA CRITERIA:

Metyrosine Generic

- ❖ Approvable for perioperative management of hypertension associated with pheochromocytoma for members that have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with one of the following: doxazosin, phenoxybenzamine, prazosin or terazosin.
- ❖ Approvable for non-perioperative management of hypertension associated with pheochromocytoma for members who are not a candidate for surgery or who have malignant pheochromocytoma that have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: doxazosin, phenoxybenzamine, prazosin or terazosin.
- ❖ Medication must be prescribed by or in consultation with an endocrinologist, hematologist, oncologist or surgeon.

Phenoxybenzamine Generic

- ❖ Approvable for perioperative management of hypertension associated with pheochromocytoma for members that have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with one of the preferred alpha blockers: doxazosin, prazosin or terazosin.
- ❖ Approvable for non-perioperative management of hypertension associated with pheochromocytoma for members who are not a candidate for surgery or who have malignant pheochromocytoma that have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with two of the preferred alpha blockers: doxazosin, prazosin or terazosin.
- ❖ Medication must be prescribed by or in consultation with an endocrinologist, hematologist, oncologist or surgeon.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.



- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.