

### Clinical Pharmacy Program Guidelines for Hemangeol

Program	Prior Authorization
Medication	Hemangeol (propranolol hydrochloride oral solution)
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, New Jersey, Nevada, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	9/2014
Pharmacy and Therapeutics Approval Date	11/2020
Effective Date	1/2021

**1. Background:**

Hemangeol (propranolol hydrochloride oral solution) is indicated for the treatment of proliferating infantile hemangioma requiring systemic therapy.

**2. Coverage Criteria:**

<p><b>A. <u>Hemangeol</u></b> will be approved based on <b><u>both</u></b> of the following criteria:</p> <ol style="list-style-type: none"> <li>1. Diagnosis of proliferating infantile hemangioma</li> </ol> <p style="text-align: center;"><b>-AND-</b></p> <ol style="list-style-type: none"> <li>2. Prescriber provides a reason or special circumstance the patient cannot use generic propranolol oral solution</li> </ol> <p><b>Authorization will be issued for 12 months.</b></p>
---

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

**4. References:**

1. Hemangeol [package insert]. Parsippany, NJ: Pierre Fabre Pharmaceuticals, Inc.; April 2020.

Program	Prior Authorization –Hemangeol
<b>Change Control</b>	
Date	Change
9/2014	New policy
12/2015	Annual review, no change
10/2016	Annual review, no change to clinical criteria
9/2017	Annual review. Updated references.
10/2018	Revised language around trial through generic propranolol to align with other programs. Updated references.
11/2019	Annual review, updated background and references.
11/2020	Annual review, updated references and added additional clinical rules section.