

Clinical Pharmacy Program Guidelines for Hemangeol

Program	Prior Authorization
Medication	Hemangeol (propranolol hydrochloride oral solution)
Issue Date	9/2014
Pharmacy and Therapeutics Approval Date	9/2017
Effective Date	11/2017

1. Background:

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

2. Coverage Criteria:

A. Hemangeol will be approved based on all of the following criteria:

1. Diagnosis of proliferating infantile hemangioma

-AND-

2. History of failure, contraindication, or intolerance to generic propranolol hydrochloride oral solution

Authorization will be issued for 12 months.

3. References:

1. Hemangeol Prescribing Information. Pierre Fabre Pharmaceuticals, Inc. March 2015.
2. Hemangeol Formulary Submission Dossier. Pierre Fabre Pharmaceuticals, Inc. April 2014.
3. Metry DW. Management of infantile hemangiomas. Available at: http://www.uptodate.com/contents/management-of-infantile-hemangiomas?source=search_result&search=infantile+hemangiomas&selectedTitle=3%7E28. Accessed on June 3, 2014.
4. Metry DW. Epidemiology, pathogenesis, clinical features, and complications of infantile hemangiomas. Available at: http://www.uptodate.com/contents/epidemiology-pathogenesis-clinical-features-and-complications-of-infantile-hemangiomas?source=search_result&search=infantile+hemangiomas&selectedTitle=1%7E28. Accessed on June 3, 2014.
5. Metry DW. Evaluation and diagnosis of infantile hemangiomas. Available at: <http://www.uptodate.com/contents/evaluation-and-diagnosis-of-infantile->

hemangiomas?source=search_result&search=infantile+hemangiomas&selectedTitle=4%7E28. Accessed on June 3, 2014.

6. Kwon EM, Seefeldt M, Drolet BA. Infantile Hemangiomas: An Update. Am J Clin Dermatol 2013;14:111-123.
7. Drolet BA, Frommelt PC, Chamlin SL et al. Initiation and Use of Propranolol for Infantile Hemangioma: Report of a Consensus Conference. Pediatrics 2013;131(1):128-140.
8. Propranolol Hydrochloride Oral Solution Prescribing Information. West-Ward Pharmaceuticals Corp. July 2016.

Program	Prior Authorization –Hemangeol
Change Control	
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.