

Clinical Pharmacy Program Guidelines for Inderal LA

Program	Inderal LA
Medication	Inderal LA (propranolol)
Issue Date	9/2017
Pharmacy and Therapeutics Approval Date	12/2017
Effective Date	2/2018

1. Background:

Inderal LA is indicated for cardiovascular disorders including hypertension, angina pectoris due to coronary atherosclerosis and hypertrophic subaortic stenosis. Off label indications include anxiety.

2. Coverage Criteria:

<p>A. Criteria for Approval</p> <p>1. Diagnosis of one of the following:</p> <ul style="list-style-type: none"> a. ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction b. Angina c. Chronic ishcemic heart disease d. Atrial fibrillation or flutter e. Hypertension f. Pulmonary heart disease g. Chronic venous hypertension h. Subaortic stenosis i. Supraventricular tachycardia j. Obstructive hypertrophic cardiomyopathy k. Anxiety l. Migraine prophylaxis <p style="text-align: center;">Authorization will be issued for 12 months.</p>

3. References:

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1. INDERAL LA [package insert]. Cranford, NJ:Akrimax Pharmaceuticals LLC; 2015.

Program	Program type -
Change Control	
Date	Change
9/2017	New Policy to accommodate Dx to Rx
12/2017	Added diagnosis of migraine prophylaxis