Division: Pharmacy Policy	**Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria**
Original Development Date: Original Effective Date: Revision Date:	December 2, 2014

HEMANGEOL® (propranolol oral solution)

LENGTH OF AUTHORIZATION:
Initial Review: 6 months
Re-treatment if necessary: 6 months

INITIAL REVIEW CRITERIA:

1. Infant has a diagnosis of proliferating infantile hemangioma
2. Infant's age is in the range of 5 weeks (adjusted gestational age) to 5 months
3. Infant weighs a minimum of 2 kilograms
4. Infant has none of the contraindications as listed below:

- Contraindications:
  - Known hypersensitivity to propranolol or excipients
  - Asthma or history of bronchospasm
  - Bradycardia (< 80 beats per minute)
  - Greater than first degree heart block
  - Decompensated heart failure
  - Blood pressure < 50/30 mmHg
  - Pheochromocytoma

RE-TREATMENT REVIEW CRITERIA:

1. Patient had initial successful treatment with Hemangeol for 6 months resulting in complete or nearly complete resolution of the target hemangioma but has experienced a recurrence.

DOSING & ADMINISTRATION:

- Starting dose is 0.6 mg/kg twice daily
- After one week, increase the dose to 1.1 mg/kg twice daily
- After two weeks of treatment, increase the dose to 1.7 mg/kg twice daily and maintain for 6 months
- Heart rate and blood pressure should be monitored for two hours after initiation of drug and with all dose increases
- Twice daily doses must be administered a minimum of nine hours apart
- To minimize the risk of hypoglycemia, administer during or right after a feeding
- Readjust the dose periodically as the child's weight increases