Louisiana Medicaid
Heart Disease – Hypertension – Beta Blockers

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request:

- Pprior authorization for non-preferred beta blockers; **OR**
- Clinical authorization for propranolol oral solution (Hemangeol®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

~~*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*~~

Approval Criteria for Initiation and Continuation of Therapy (Except Hemangeol®)

~~**Approval Criteria for Initial and Reauthorization Requests**~~

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, and delivery device; **AND**
- Previous use of a preferred product - **ONE** of the following is required:
  - The recipient has had a *treatment failure* with at least one preferred product; **OR**
  - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
  - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
  - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
  - The prescriber states that the recipient is currently using the requested medication **AND** one of the following applies:
    - There is evidence in pharmacy claims of at least 60 days of the requested medication within the previous 90-day period; **OR**
    - There is evidence in pharmacy claims of less than 60 days of the requested medication **AND** the prescriber states the recipient has been treated with the requested medication in an inpatient facility; **OR**
    - There is evidence in pharmacy claims of less than 60 days of the requested medication **AND** the prescriber has verified that the pharmacy has dispensed at least 60 days of medication (billed to other insurance, and therefore not viewable in pharmacy claims).~~; **AND**~~

~~- By submitting the authorization request, the prescriber attests to the following:~~
  - ~~The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**~~
  - ~~All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**~~

- ~~The recipient has no concomitant drug therapies or disease states medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.~~

Duration of approval for initiation and continuation of therapy~~Duration of initial and reauthorization approval~~: 12 months

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Propranolol oral solution (Hemangeol®)

Approval Criteria for Initiation of Therapy

- The recipient has a diagnosis of proliferating infantile hemangioma; **AND**
- The recipient is in the age range of 5 weeks to 5 months.

Duration of approval for initiation of therapy: 6 months

Approval Criteria for Continuation of Therapy

- **All** of the following are true and **stated on the request**:
  - The recipient responded positively to treatment resulting in complete or nearly complete resolution of the target hemangioma; **AND**
  - The recipient has not received ≥ 12 months of consecutive therapy.

Duration of approval for continuation of therapy: Up to 6 months (not to exceed a cumulative duration of 12 months)

References

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; ~~Retrieved from~~ https://www.clinicalkey.com/pharmacology/

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; ~~Retrieved from~~ https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861

Hemangeol (propranolol) [package insert]. Parsippany, NJ: Pierre Fabre Pharmaceuticals, Inc; June 2021. https://hemangeol.com/wp-content/uploads/2023/01/Prescribing-Information-Hemangeol.pdf

Tiemann L, Hein S. Infantile Hemangioma: A Review of Current Pharmacotherapy Treatment and Practice Pearls. J Pediatr Pharmacol Ther. 2020;25(7):586-599. doi: 10.5863/1551-6776-25.7.586. PMID: 33041713; PMCID: PMC7541030.

Revision / Date	Implementation Date

Single PDL Implementation	May 2019
Separated “Select Therapeutic Classes with Established Recent Claims” into individual therapeutic class documents / November 2019	January 2020
Formatting changes / April 2021	July 2021
Added clinical authorization requirement for Hemangeol®, updated references, formatting changes / June 2025	January 2026