

HEMANGEOL (propranolol)

Diagnosis Considered for Coverage:
<ul style="list-style-type: none">• Proliferating infantile hemangioma
Coverage Criteria:
For diagnosis listed above: <ul style="list-style-type: none">• Intolerance or contraindication to the preferred propranolol oral solution also expected with Hemangeol, and• Does not exceed FDA approved dosing
Coverage Duration: one year

Effective Date: 11/02/2023