UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 2308-4
Program	Prior Authorization/Medical Necessity
Medication	Methyldopa
P&T Approval Date	6/2023, 5/2024, 5/2025, 5/2026
Effective Date	8/1/2026

1. Background:

Methyldopa is an aromatic-amino-acid decarboxylase inhibitor indicated for hypertension.

The American Heart Association recommends methyldopa as a widely established first-line option in the treatment of hypertension in pregnancy. Outside of pregnancy, methyldopa has limited utilization due to significant adverse events.

2. Coverage Criteria[a]:

A. Methyldopa will be approved based on **both** of the following criteria:

1. Patient is pregnant

-AND-

2. For the treatment of hypertension

Authorization will be issued for 12 months

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Methyldopa [package insert]. Conger, NY: Chartwell RX, LLC; November 2022.
2. Garovic VD, Dechend R, Karumanchi SA, et al. Hypertension in Pregnancy: Diagnosis, Blood Pressure Goals, and Pharmacotherapy: A Scientific Statement from the American Heart Association. Hypertension. 2022; 79: 321-e41.
3. Guideline for the pharmacological treatment of hypertension in adults. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

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4. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines.

Program	Prior Authorization/Medical Necessity – Methyldopa
Change Control	
6/2023	New program
5/2024	Annual review with no changes.
5/2025	Annual review with no changes.
5/2026	Annual review with no changes.

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