

Xopenex (levalbuterol) Inhalation Solution

POLICY NUMBER: RX.PA.132.E

REVISION DATE: 05/13

PAGE NUMBER: 2 of 3

The drug, Xopenex (levalbuterol) Inhalation Solution, is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

1. The criterion for automatic coverage is as follows:

- Must have a documented pharmacy claim history of prior therapy with albuterol inhalation solution

2. For members without a documented claim history of albuterol inhalation solution, a medical necessity review is completed, and the following criteria must be met:

- Must have chart documentation indicating that the member has tried and failed albuterol inhalation solution or has a contraindication or intolerance to albuterol inhalation solution

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Xopenex (levalbuterol hcl) Inhalation Solution [package insert]. Marlborough, MA: Sepracor Inc; August 2007.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.



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PAGE NUMBER: 3 of 3

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

