

Clinical Pharmacy Program Guidelines for Xopenex Respules

Program	Step Therapy
Medication	Xopenex (levalbuterol HCl inhalation solution)
Markets in scope	Arizona, California, Colorado, Hawaii, Maryland, Nevada, New York, New York EPP, Rhode Island, Pennsylvania CHIP, New Jersey, South Carolina
Issue Date	6/2009
Pharmacy and Therapeutics Approval Date	12/2020
Effective Date	2/2021

1. Background:

Xopenex (levalbuterol HCl) inhalation solution is indicated for the treatment or prevention of bronchospasm in patients with reversible obstructive airway disease.

2. Coverage Criteria:

<p>A. Authorization Criteria</p> <p>1. Xopenex inhalation solution will be approved for patients who have a history of failure, contraindication, or intolerance to treatment with albuterol inhalation solution</p> <p style="text-align: center;">Authorization will be issued for 12 months.</p>
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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.
- Supply limits may be in place.

4. References:

1. Xopenex Inhalation Solution [package insert]. Marlborough, MA: Sunovion Pharmaceuticals, Inc.; October 2020.

Program	Step Therapy –Xopenex Respules
Change Control	
Date	Change
6/2009	New policy
9/2012	Revision
12/2016	Annual review, updated policy template and added standard 12 month authorization duration
11/2017	Combined the criteria for requests that do not meet step therapy into one section to match language found in other policies. Updated references.
11/2018	Annual review, updated background and references.
12/2019	Annual review, updated criteria to remove automated step therapy language.
12/2020	Annual review, updated reference.