

Clinical Pharmacy Program Guidelines for Xopenex Respules

Program	Step Therapy
Medication	Xopenex (levalbuterol HCl inhalation solution)
Issue Date	6/2009
Pharmacy and Therapeutics Approval Date	11/2017
Effective Date	1/2018

1. Background:

Xopenex (levalbuterol HCl) inhalation solution is indicated for the treatment or prevention of bronchospasm in adults, adolescents, and children 6 years of age and older with reversible obstructive airway disease.

2. Coverage Criteria:

A.	<p><u>Automated Step Therapy Criteria</u></p> <p>1. A claim for Xopenex inhalation solution will process at the point of sale if the patient's drug fill history shows a previous trial of <u>one</u> of the following:</p> <ul style="list-style-type: none"> a. Albuterol 0.083% inhalation solution <p style="text-align: center;">-OR-</p> <ul style="list-style-type: none"> b. Albuterol 0.5% inhalation solution
B.	<p><u>Requests That DO NOT Meet Automated Step Criteria</u></p> <p>1. Xopenex inhalation solution will be approved for patients who have not met the automated step criteria when the following circumstance is met:</p> <ul style="list-style-type: none"> a. The patient has a history of failure, contraindication, or intolerance to treatment with albuterol inhalation solution <p style="text-align: center;">Authorization will be issued for 12 months.</p>

3. References:

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1. Xopenex Inhalation Solution® Prescribing Information. Sunovion Pharmaceutical Inc., September 2012.
2. Clinical Pharmacology Gold Standard. 2012.
3. Facts and Comparisons 4.0; 2012.

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.