Clinical Policy: Levalbuterol (Xopenex HFA and Xopenex Inhalation Solution)

Reference Number: PA.CP.PMN.07
Effective Date: 09/06
Last Review Date: 01/19

Coding Implications
Revision Log

Description
Levalbuterol (Xopenex®) is beta$_2$-adrenergic agonist.

FDA approved indication
Xopenex HFA is indicated for treatment or prevention of bronchospasm in adults, adolescents, and children 4 years of age and older with reversible obstructive airway disease.

Policy/Criteria
** Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria**

It is the policy of Pennsylvania Health and Wellness® that Xopenex HFA/Xopenex inhalation solution is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Request for Xopenex HFA or Xopenex Inhalation Solution (must meet all)**:**

1. Member meets one of the following (a or b):
   a. Presence of cardiac disease;
   b. Member experienced clinically significant adverse effects from albuterol use;
2. Member does NOT have history of allergy or hypersensitivity to albuterol or levalbuterol;
3. Request does not exceed:
   a. Xopenex HFA: 2 inhalers per 30 days;
   b. Xopenex inhalation solution: 4 vials per day (12 mL per day).

Approval duration: 6 months

B. Other diagnoses/indications – Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

II. Continued Therapy

A. Request for Xopenex HFA or Xopenex Inhalation Solution (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. Albuterol has not been used within the past 3 months as evidenced by pharmacy claims history;
4. Request does not exceed:
   a. Xopenex HFA: 2 inhalers per 30 days;
   b. Xopenex inhalation solution: 4 vials per day (12 mL per day).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies; or
2. Refer to CP.PMN.53 if requested indication is NOT listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

Approval duration: 12 months

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – PA.CP.PMN.53 or evidence of coverage documents

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
MDI: metered-dose inhaler

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
albuterol (ProAir HFA®, Proventil HFA®, Ventolin HFA®)	*Metered-dose inhaler [MDI] (e.g., ProAir HFA)*: 2 puffs every 4 to 6 hours as needed *Nebulization solution:* 2.5 mg via oral inhalation every 6 to 8 hours as needed	*MDI*: 12 puffs/day *Nebulization solution*: 4 doses/day or 10 mg/day Higher maximum dosages for inhalation products have been recommended in National Asthma Education and Prevention Program guidelines for acute exacerbations of asthma.

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings
- Contraindication(s): history of hypersensitivity to levalbuterol or racemic albuterol (or any other component of Xopenex HFA inhalation aerosol)
- Boxed warning(s): none reported

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Treatment or prevention of bronchospasm	*MDI (Xopenex HFA):* 2 puffs every 4 to 6 hours as needed *Nebulization solution*: 0.31 mg to 1.25 mg inhaled via nebulization 3 times per day, given every 6 to 8 hours	*MDI*: 2 puffs every 4 hours; higher doses may be required acutely during severe exacerbations *Nebulization solution*: 1.25 mg/dose 3 times/day

IV. Product Availability

- Inhalation aerosol: 59 mcg of levalbuterol tartrate (equivalent to 45 mcg of levalbuterol free base) per actuation
  - 15 g pressurized canister containing 200 actuations
- Inhalation solution (unit-dose vial for nebulization): 0.31 mg/3 mL, 0.63 mg/3 mL and 1.25 mg/3 mL
- Inhalation solution concentrate: 1.25 mg/0.5 mL

VI. References

1. Xopenex HFA Prescribing Information. Marlborough, MA: Sunovion Pharmaceuticals Inc.; February 2017. Available at: https://dailymed.nlm.nih.gov/dailymed/. Accessed September 25, 2018.
2. Xopenex Inhalation Solution Prescribing Information. Lake Forest, IL: Akorn, Inc.; June 2017. Available at: https://dailymed.nlm.nih.gov/dailymed/. Accessed September 25, 2018.
3. National Heart, Lung, and Blood Institute. Expert panel report 3: guidelines for the diagnosis and management of asthma. National Asthma Education and Prevention Program. Published August 28, 2007. Available from: https://www.nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf. Accessed September 25, 2018.
4. Nelson HS, Bensch G, Pleskow WW, et al. Improved bronchodilation with levalbuterol compared with racemic albuterol in patients with asthma. J Allergy Clin Immunol. 1998; 102: 943-952.
5. Gawchik SM, Consuelo SL, Noonan M, et al. The safety and efficacy of nebulized levalbuterol compared with racemic albuterol and placebo in the treatment of asthma in pediatric patients. J Allergy Clin Immunol. 1999; 103: 615-21
6. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available at: http://www.clinicalpharmacology-ip.com/.

Reviews, Revisions, and Approvals	Date	Approval Date
Modified QL of inhalation solution from 3 vials/day to 4 vials (12 mL)/day. References reviewed and updated.	02/18	
1Q 2019 annual review: references reviewed and updated.	01/19	