

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To define the criteria for coverage of Xopenex.

STATEMENT OF THE POLICY

This medication will be covered if the following criteria are met, for new starts only:

PROCEDURES

1. Coverage criteria

- 1.1 All FDA indications not otherwise excluded from Part D.
- 1.2 Xopenex® will be covered if there is a documented trial and failure with or intolerance to racemic albuterol (e.g. allergic to the preservatives).
- 1.3 Xopenex® will be covered in cases of intolerable tachycardia, tremor or other condition as determined by a Medical Director.