

# 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 Xopenex® will be covered if there is a documented trial and failure with or intolerance to racemic albuterol (e.g. allergic to the preservatives).
- 1.2 Xopenex® will be covered in cases of intolerable tachycardia, tremor or other condition as determined by a Medical Director.