

## Pharmacy Policy

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# Levalbuterol Nebulizer Solution

**Policy Number:** 9.147

**Version Number:** 2

**Version Effective Date:** 1/1/2022

### Product Applicability All Plan+ Products

#### Well Sense Health Plan

New Hampshire Medicaid

#### Boston Medical Center HealthNet Plan

MassHealth – MCO

MassHealth – ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

## Prior Authorization Policy

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### Products Affected:

- **Levalbuterol Nebulization Solution**

The Plan may provide coverage of members meeting the following criteria:

### Approval Criteria

#### **Asthma, Chronic Obstructive Pulmonary Disease (COPD), Exercise-Induced Bronchospasm (EIB)**

1. Diagnosis of Asthma, COPD or EIB;
2. Member has had an inadequate response, adverse reaction, or contraindication to inhaled albuterol nebulization solution;
3. Member meets one of the following (a or b):
  - a. The member is less than 13 years of age

<sup>\*</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

- b. Provider submits clinical rationale for use of the nebulization solution

## Limitations

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The Plan will *not* approve coverage of specific inhaled respiratory medications in the following instances:

- When the above criteria are not met.

## Clinical Background Information and References

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1. Xopenex inhalation solution concentrate (levalbuterol) [prescribing information]. Lake Forest, IL: Akorn Inc; January 2019.

| Original Approval Date | Original Effective Date | Policy Owner      | Approved by                             |
|------------------------|-------------------------|-------------------|---|
| 1/25/2021              | 1/25/2021               | Pharmacy Services | Pharmacy & Therapeutics (P&T) Committee |

## Policy Revisions History

| Review Date | Summary of Revisions                                  | Revision Effective Date | Approved by   |
|-------------|---|-------------------------|---------------|
| 1/25/2021   | Policy created for Levalbuterol Nebulization Solution | 1/25/2021               | P&T Committee |
| 8/12/2021   | Annual P&T Review: no changes                         | 1/1/2022                | P&T Committee |

## Next Review Date

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8/2022

## Other Applicable Policies

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## Reference to Applicable Laws and Regulations, If Any

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### Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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