Medical Department Procedure Manual

Title: Short Acting Beta Agonists (Proair HFA, Proventil HFA, Xopenex HFA)

Purpose:

To provide guidelines and criteria for the review and decision determination of requests for medications that requires prior authorization.

Implementation Information:

1.0 Under the supervision of the Clinical Pharmacy Management (CPM) Director, the CPM staff is responsible for the development of guidelines and criteria for use by the Medical Department.

2.0 Staff utilizing this procedure is monitored via individual departmental audit tools.

3.0 Medical Department staff has access to the Medical Department Procedure Manual and receives notice from management when procedures are developed, revised, or archived:

   3.1 On an annual basis or more often when indicated, the Medical Department Procedures are reviewed by medical staff for the purpose of developing, revising, or archiving.

Background Information:

Reference Statement

- Guidelines are compiled from available US Food and Drug Administration (FDA) approved indications, general practice guidelines, and/or evidence-based uses established through phase III clinical studies without published conflicting data. Only clinical studies published in their entirety in reputable peer-reviewed journals will be evaluated.
Background Information, continued:

Medication Summary

- Albuterol is a moderately selective beta-2-receptor agonist. Albuterol is a racemic mixture of R- and S-isomers, and is widely used as a bronchodilator. It is indicated for the management of asthma exacerbations or other chronic obstructive airway diseases. Short-acting beta-2 agonists, such as albuterol, are considered first line therapy for mild intermittent asthma during pregnancy. Short-acting beta-2 agonists (SABAs) are considered the preferred pharmacologic treatment to relieve acute bronchospasm. Albuterol is also indicated to prevent exercise-induced bronchospasm. Albuterol inhalational aerosols containing hydrofluoroalkanes (HFAs) have replaced albuterol inhalation aerosols containing CFCs after December 31, 2008. These products include Proair HFA, Proventil HFA, and Ventolin HFA.

- Levalbuterol (Xopenex HFA) is the R-enantiomer of racemic albuterol and is a moderately selective beta-2-receptor agonist. When given in equimolar doses of R-albuterol (i.e., 2.5 mg of racemic albuterol or 1.25 mg of levalbuterol), levalbuterol produces bronchodilation and clinical activity similar to the parent drug. Levalbuterol is indicated for the treatment or prevention of bronchospasm in adults, adolescents, and children with reversible obstructive airway disease (e.g., asthma). It is NOT indicated to prevent exercise-induced bronchospasm.

- Both albuterol and levalbuterol stimulates receptors of the smooth muscle in the lungs, uterus, and vasculature supplying skeletal muscle. The net result of beta2-receptor agonism in the lungs is relaxation of bronchial and tracheal smooth muscles, which in turn relieves bronchospasm, reduces airway resistance, facilitates mucous drainage, and increases vital capacity.

Coverage Guidelines

- Member must be eligible and have applicable benefit coverage.

- Prior authorization requests that do not meet clinical criteria in this Procedure will be forwarded to a Clinical Pharmacist for review.
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Background Information, continued:

Exclusion Criteria

- Any hypersensitivity to albuterol, levalbuterol, or hydrofluoroalkanes.

Additional Information

- AvMed’s Clinical Pharmacists are licensed by the State of Florida.
- AvMed’s Medical Directors are Board Certified physicians licensed by the State of Florida.

Procedure:

1.0 Request for initial therapy with Proair HFA, Proventil HFA or Xopenex HFA requires documentation from the Member’s medical records maintained by the requesting independent practitioner’s office verifying that the Member has a documented contraindication or has had a serious adverse reaction to Ventolin HFA:

1.2 If criterion is met, request may be approved for one (1) month with quantity limit of two (2) metered dose inhalers for 30 days.

2.0 Requests for continuation therapy:

2.1 Refills should continue to process every month thereafter.

References:


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