



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: levalbuterol

Brand Name: Xopenex

Medication Class: inhaled short acting beta2 agonist

FDA Approved Uses: Prevention and treatment of bronchospasm in patients 6 years and older.

Usual Dose: Adult: 0.63mg and 1.25mg TID via nebulizer
Pediatric: 0.31mg TID via nebulizer

Duration of Therapy: indefinite

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Intolerant to albuterol: side-effects of intolerance include nervousness, tremors, anxiety, jittery
- Maximum dose is 1.25mg TID

Not approved if:

- Patient has never been on albuterol

Or

- Efficacy of albuterol is poor (levalbuterol is no more effective than albuterol)



P&T Approval: _____ Date: _____