



BETA ADRENERGIC NEBULIZER AGENTS PA SUMMARY

PREFERRED	Albuterol solution 0.5% (5 mg/ml) and 0.083% (2.5 mg/3ml), Metaproterenol sulfate
NON-PREFERRED	Accuneb, Albuterol solution (generic Accuneb) 0.021% (0.63 mg/3 ml) and 0.042% (1.25 mg/3 ml), Levalbuterol inhalation solution (generic Xopenex), Xopenex inhaled solution

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *No PA is required for Xopenex Inhaled Solution for members 8 years of age or younger. PA is required for all ages for Xopenex HFA, which has separate criteria, and levalbuterol inhalation solution (generic Xopenex). If albuterol inhalation solution or levalbuterol inhalation solution is approved, the PA will be issued for the equivalent brand-name product, Accuneb or Xopenex.*

PA CRITERIA:

- ❖ For members 9 years of age and older, submit documentation of a history of intolerable side effects requiring the discontinuation of albuterol solution 0.5% or 0.083%
- OR*
- ❖ Submit documentation that member tried albuterol solution 0.5% or 0.083% and failed to reach the desired clinical endpoints.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.