

BETA ADRENERGIC AGENTS: SHORT ACTING INHALERS PA SUMMARY

PREFERRED	Maxair Autohaler, Proair HFA, Proventil HFA, Ventolin HFA
NON-PREFERRED	Xopenex HFA

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *No PA is required for Xopenex inhaled solution for members 8 years of age or younger. See separate criteria for Xopenex inhaled solution (beta adrenergic nebulizer agents). PA is required for all ages for Xopenex HFA.*

PA CRITERIA:

- ❖ Submit documentation of a history of intolerable side effects requiring the discontinuation of at least one preferred product
- OR*
- ❖ Submit documentation that member tried at least one preferred product 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 **SXC Health Solutions 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.