BETA ADRENERGIC AGENTS: SHORT ACTING INHALERS PA SUMMARY

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>Maxair Autohaler, Proair HFA, Proventil HFA, Ventolin HFA</th>
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<tbody>
<tr>
<td>NON-PREFERRED</td>
<td>Xopenex HFA</td>
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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.

Revised 8/23/2011