curative

Levalbuterol Step Therapy

Drug(s) Applied:	Levalbuterol

Criteria:
Drug(s) Applied will be approved when the requested product is being used for a compendia-supported indication and all of the following criteria are met:

I. Initial Therapy Criteria
   - **A. Asthma and Chronic Obstructive Pulmonary Disease (COPD)** as indicated by chart notes
     1. Patient has an intolerance, hypersensitivity, or FDA labeled contraindication to albuterol

   Approval Duration: 12 months

II. Continued Therapy Criteria
   - **A. Asthma and Chronic Obstructive Pulmonary Disease (COPD)** as indicated by chart notes
     1. Patient has an intolerance, hypersensitivity, or FDA labeled contraindication to albuterol

   Approval Duration: 12 months

References:

1. Levalbuterol HFA prescribing information. Teva Pharmaceuticals. November 2023.
2. Global Strategy for Prevention, Diagnosis and Management of COPD: 2026 Report. Global Initiative for Chronic Obstructive Lung Disease (GOLD).
3. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2026. Updated May 2026. Available from: www.ginasthma.com
4. Management of severe asthma: a European Respiratory Society/American Thoracic Society guideline. Eur Respir J. 2020 Jan 2;55(1):1900588.
5. Levalbuterol inhalation solution prescribing information. Ritedose Pharmaceuticals. February 2020.

Policy Owned by: Curative PBM team