



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

Policy Owned by: Curative PBM team