



## Levalbuterol Step Therapy

Drug(s) Applied:	Levalbuterol
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### 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

