

Pharmacy Prior Authorization

AETNA BETTER HEALTH FLORIDA

Xopenex

This fax machine is located in a secure location as required by HIPAA regulations.  
Complete/review information, sign and date. Fax signed forms to Aetna Better Health Florida at **1-855-799-2554**.

When conditions are met, we will authorize the coverage of Xopenex.

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name *(please circle)*

Xopenex (levalbuterol solutions for inhalation and HFA)

Other, please specify \_\_\_\_\_

Quantity \_\_\_\_\_ Frequency \_\_\_\_\_ Strength \_\_\_\_\_

Route of Administration \_\_\_\_\_ Expected Length of therapy \_\_\_\_\_

Patient Information

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Patient Group No.: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Prescribing Physician

Physician Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ NPI Number: \_\_\_\_\_

Physician Fax: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

Please circle the appropriate answer for each question.

1. Is this request for Xopenex solution for inhalation? Y N  
[If no, then skip to question 4.]

2. Has the patient had a trial and failure of the correct therapeutically equivalent dose of racemic albuterol as compared to the requested Xopenex (levalbuterol) dose (or a lower concentration if applicable)?

Y N

- mg/3 mL albuterol = 1.25 mg/3 mL Xopenex
- 1.25 mg/3 mL albuterol (generic for Accuneb) = 0.63 mg/3 mL Xopenex
- 0.63 mg/3 mL albuterol (generic for Accuneb) = 0.31 mg/3 mL Xopenex

[Note: Must provide supporting documentation.]

3. Has the patient had a trial and failure of a reduction of nebulization therapy time of albuterol sulfate to 5 minutes?

Y N

[Note: Must provide supporting documentation.]

[Skip to question 6.]

4. Is this request for Xopenex HFA?

5. Has the patient had a trial and failure of Albuterol HFA with a spacer?

Y N

[Note: Must provide supporting documentation.]

6. Is the request for Xopenex due to a failure of albuterol therapy in a chronic condition?

Y N

[If no, then no further questions.]

7. Has the patient had a trial and failure of combination maintenance therapy (i.e., inhaled corticosteroid, long acting beta agonist, leukotriene inhibitors, steroids, etc.)?

Y N

[Note: Must provide supporting documentation.]

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date