Effective Date **5/15/2023**
Next Review Date… **5/15/2024**
Coverage Policy Number **IP0040**

Short-Acting Beta$_2$-Agonist Inhalers

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INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for formulary exceptions to the following short-acting beta$_2$-agonist inhalers non-covered products:

- **albuterol sulfate HFA inhalation aerosol** (Prasco manufacturer)
- **levalbuterol tartrate inhalation aerosol**
- **ProAir® Digihaler™** (albuterol sulfate inhalation powder)
- **ProAir® HFA** (albuterol sulfate inhalation aerosol)
- **ProAir® RespiClick** (albuterol sulfate inhalation powder)
- **Proventil® HFA** (albuterol sulfate inhalation aerosol)
- **Ventolin® HFA** (albuterol sulfate inhalation aerosol)
- **Xopenex HFA®** (levalbuterol tartrate inhalation aerosol)

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Coverage criteria are listed for products **in below table:**

Non-Covered Product	Criteria
albuterol sulfate HFA inhalation aerosol (Prasco manufacturer)	**Albuterol sulfate HFA inhalation aerosol (Prasco manufacturer)** is medically necessary when there is documentation of failure, contraindication, or intolerance to the following: albuterol sulfate inhalation aerosol (generics for ProAir and Proventil)
levalbuterol tartrate inhalation aerosol	**Levalbuterol tartrate inhalation aerosol** is medically necessary when there is documentation of failure, contraindication, or intolerance to the following: albuterol sulfate inhalation aerosol (generics for ProAir and Proventil)
ProAir Digihaler (albuterol sulfate inhalation powder)	**ProAir Digihaler** is medically necessary when there is documentation of failure, contraindication, or intolerance to the following: albuterol sulfate inhalation aerosol (generics for ProAir and Proventil) (including use of a spacer for an individual unable to coordinate breath and actuation with a metered-dose inhaler [MDI])
ProAir HFA (albuterol sulfate inhalation aerosol)	**ProAir HFA** is medically necessary when there is documentation of failure, contraindication, or intolerance to the following: albuterol sulfate inhalation aerosol (generics for ProAir and Proventil) (including use of a spacer for an individual unable to coordinate breath and actuation with a metered-dose inhaler [MDI])
ProAir RespiClick (albuterol sulfate inhalation powder)	**ProAir RespiClick** is medically necessary when there is documentation of failure, contraindication, or intolerance to the following: albuterol sulfate inhalation aerosol (generics for ProAir and Proventil) (including use of a spacer for an individual unable to coordinate breath and actuation with a metered-dose inhaler [MDI])
Proventil HFA (albuterol sulfate inhalation aerosol)	**Proventil HFA** is medically necessary when there is documentation of failure, contraindication, or intolerance to the following: albuterol sulfate inhalation aerosol (generics for ProAir and Proventil)
Ventolin HFA (albuterol sulfate inhalation aerosol)	**Ventolin HFA** is medically necessary when there is documentation of failure, contraindication, or intolerance to the following: albuterol sulfate inhalation aerosol (generics for ProAir and Proventil)
Xopenex HFA (levalbuterol tartrate inhalation aerosol)	**Xopenex HFA** is medically necessary when there is documentation of failure, contraindication, or intolerance to the following: albuterol sulfate inhalation aerosol (generics for ProAir and Proventil)

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Short-acting beta$_2$-agonist inhalers are considered medically necessary for continued use when initial criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration is up to 12 months.
Reauthorization approval duration is up to 12 months.

Background

OVERVIEW

Inhaled short-acting beta2-agonists are indicated for relief of acute asthma symptoms and prevention of exercise induced bronchospasm.[1-6] All of the short-acting beta2-agonists inhalers are indicated in patients ≥ 4 years of age. The short-acting beta2-agonist inhalers are all metered-dose inhalers that utilize a hydrofluoroalkane propellant, with the exception of ProAir Digihaler and ProAir RespiClick, which are dry-powder inhalers. All of the devices contain dose-counters. ProAir Digihaler is unique in that it contains a built-in electronic module which detects, records, and stores data on inhaler events, including peak inspiratory flow rate, for transmission to a mobile application where inhaler events are categorized.[6] Use of the application is not required for administration and there are no data to show that the use of the application results in enhanced safety or effectiveness, or improved clinical outcomes.

All synthetic beta2-agonists exist chemically as racemic mixtures; however, the therapeutic activity primarily resides in the R-enantiomers and not the S-enantiomers.[1] In vitro data have suggested a possible deleterious effect of the S-enantiomer of albuterol on airway smooth muscle responsiveness and other airway cells. Therefore, levalbuterol, which contains only the R-enantiomer of albuterol, was developed and approved for clinical use. Some studies suggested an improved efficacy of levalbuterol over racemic albuterol when administered in equal R-albuterol doses; however, other trials have failed to detect any advantage of levalbuterol.[1,7,8]

Guidelines

The Global Initiative for Asthma (GINA) Global Strategy for Asthma Management and Prevention (2022)[12] and the Global Initiative for Chronic Obstructive Lung Disease (GOLD) Global Strategy for the Diagnosis, Management, and Prevention of chronic obstructive pulmonary disease (2023)[13] do not prefer any one product in this category, but rather refer to them as a class of medications.

References

1. Ventolin® HFA inhalation aerosol [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; August 2021.
2. Proventil® HFA inhalation aerosol [prescribing information]. Whitehouse Station, NJ: Merck; September 2017.
3. ProAir® Respiclick inhalation powder [prescribing information]. Horsham, PA: Teva; September 2020.
4. ProAir® HFA inhalation aerosol [prescribing information]. Horsham, PA: Teva; February 2019.
5. Xopenex HFA® inhalation aerosol [prescribing information]. Marlborough, MA: Sunovion; February 2017.
6. ProAir® Digihaler® inhalation powder [prescribing information]. Horsham, PA: Teva; September 2020.
7. Kelly A, Kennedy A, John BM, et al. A comparison of heart rate changes associated with levalbuterol and racemic albuterol in pediatric cardiology patients. Ann Pharmacother. 2013;47(5):644-650.
8. Jat KR, Khairwa A. Levalbuterol versus albuterol for acute asthma: a systematic review and meta-analysis. Pulm Pharmacol Ther. 2013;26(2):239-248.
9. National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the diagnosis and management of asthma. Updated 2007. Available at: https://www.jacionline.org/action/showPdf?pii=S0091-6749%2807%2901823-4. Accessed on November 14, 2022.
10. Global Initiative for Asthma. Global strategy for asthma management and prevention: updated 2022. Available at: http://www.ginasthma.org. Accessed on November 14, 2022.
11. National Institutes of Health, National Heart, Lung, and Blood Institute. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. Updated 2023. Available at: http://www.goldcopd.org/. Accessed on November 14, 2022.