

Gateway Health
Prior Authorization Criteria
Ventolin HFA (albuterol sulfate)

All requests for Ventolin HFA (albuterol sulfate) require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Ventolin HFA (albuterol sulfate) Prior Authorization Criteria:

- Documentation submitted by the physician must be for an FDA approved or compendial supported indication; **AND**
- The member has a documented trial and failure or an intolerance or contraindication to Proair Respiclick.
- When all criteria is met, benefit is approved for 12 months.

Coverage may be provided for any non-FDA labeled indication if it is determined that the use is a medically accepted indication supported by nationally recognized pharmacy compendia or peer-reviewed medical literature for treatment of the diagnosis(es) for which it is prescribed. These requests will be reviewed on a case by case basis to determine medical necessity.

When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must override criteria when, in their professional judgment, the requested medication is medically necessary.