# Missouri Pharmacy Program – Preferred Drug List

## Beta Adrenergic Agents – Nebulized

**Effective 12/24/2012**  
**Revised 07/11/2019**

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Albuterol Sulfate</td>
<td>• Levalbuterol</td>
</tr>
<tr>
<td></td>
<td>• Xopenex®</td>
</tr>
</tbody>
</table>

## Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agents  
  - Documented trial period for preferred agent  
  - Documented ADE/ADR to preferred agent

## Denial Criteria

- Lack of adequate trial on required preferred agent  
- Therapy will be denied if no approval criteria are met  
- Drug Prior Authorization Hotline: (800) 392-8030