



## Missouri Pharmacy Program – Preferred Drug List



### Beta Adrenergic Agents – Nebulized

Effective 12/24/2012

Revised 07/11/2019

#### Preferred Agents

- Albuterol Sulfate

#### Non-Preferred Agents

- Levalbuterol
- Xopenex®

### 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