



## Missouri Pharmacy Program – Preferred Drug List



### Ribavirins

*Effective 08/01/2005*

*Revised 10/02/2014*

#### Preferred Agents

- Ribavirin® Tablets
- Ribasphere Tablets

#### Non-Preferred Agents

- Copegus®
- Rebetol® Capsules
- Rebetol® Solution
- Ribavirin Capsules
- Ribapak
- Ribasphere Capsules
- **Moderiba® Tablets**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents <ul style="list-style-type: none"> <li>○ Documented trial period for preferred agents</li> <li>○ Documented ADE/ADR to preferred agents</li> </ul>	Lack of adequate trial on required preferred agents
Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030